



# CHS

Cascades Humane Society

## Foster Care Volunteer Application

### Foster Volunteer Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (Note: CHS may contact you about fosters via email)

**Phone Number:** \_\_\_\_\_ **Are you over 18 years of age?** Yes \_\_\_ No \_\_\_

### Foster Home Information

**Own** \_\_\_ **Rent** \_\_\_ **Landlord contact information (if renting):** \_\_\_\_\_

**Live with parent/guardian** \_\_\_ **Guardian contact information:** \_\_\_\_\_

**Property Type:** Single-family \_\_\_ Apartment \_\_\_ Mobile Community \_\_\_ Other (specify) \_\_\_\_\_

**Number of adults in household:** \_\_\_ **Ages of any children in household** \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_

**Are members of your household aware of your interest in fostering animals and supportive?** Yes \_\_\_ No \_\_\_

### Personal Pet Information

**Tell us about your current pets.** *If you have more animals, attach their info on a separate sheet of paper.*

Name	Species/Breed	Age/Sex	Current vaccines?	Spayed/Neutered?

**Please Note:** Current proof or rabies vaccine is required for dogs.

## Personal Pet Information (Continued)

What veterinary clinic do you attend? \_\_\_\_\_

Are you pets: Indoor Only \_\_\_ Outdoor Only \_\_\_ Both \_\_\_ When gone, are your pets: Crated \_\_\_ Loose in House \_\_\_

If you foster for CHS, will you be able to keep your personal pets separate from your fosters? Yes \_\_\_ No \_\_\_

Where will your fosters spend most of their time? \_\_\_\_\_

Do you have a fenced-in yard? Yes \_\_\_ No \_\_\_ If not, how will you contain/restrict your fosters outdoors?

\_\_\_\_\_

## Additional Foster Information

Have you ever cared for young, sick, or injured animals before? Please describe your experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the type of animals you are willing to foster:

Kittens (Bottle-Fed) \* \_\_\_ Puppies (Bottle Fed) \* \_\_\_ Mother Cat & Kittens \_\_\_ Mother Dog & Puppies \_\_\_ Kittens \_\_\_

Puppies \_\_\_ Adult Cat \_\_\_ Adult Dog \_\_\_ Sick/Injured Cat \_\_\_ Sick/Injured Dog \_\_\_ Special Needs Pet \_\_\_ Hospice Pet \_\_\_

*\*Please keep in mind that young kittens and puppies need to be bottle-fed about every 4 hours.*

Why are you interested in fostering for CHS? \_\_\_\_\_

\_\_\_\_\_

Have you ever fostered before? Yes \_\_\_ No \_\_\_ If yes, from where? \_\_\_\_\_

Have you ever surrendered an animal? Yes \_\_\_ No \_\_\_ If yes, where at? \_\_\_\_\_

A criminal background check may be required to foster for CHS. Do you consent? Yes \_\_\_ No \_\_\_

I have answered all the above questions truthfully and understand that false statements may void this application. I agree that I have never been charged with or convicted of animal cruelty. I acknowledge Cascades Humane Society reserves the right to inspect all foster homes at any time and, if necessary, remove animals from homes deemed to be unsatisfactory. Cascades Humane Society also always reserves control and guardianship of foster animals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHS Representative: \_\_\_\_\_ Date: \_\_\_\_\_