

Cherryland Humane Society

Foster Application

Please answer the following questions to help us understand your background as well as the type of foster home you can provide our animals. Upon receipt of the application, the foster coordinator will contact you to discuss the program in greater detail and answer any questions you may have.

Name _____ Date of Application _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Email Address _____

Are you over 18 years of age? *Yes No* Do you run a day care facility? *Yes No*

Household Information:

Number of adults in household _____ Number of children in household _____ Children's ages _____

Name of **ALL** adults in household _____

Circle any of the following who you live with or live with you. **Parents In-laws Friends Roommate(s) Spouse**

In which type of home do you live? *House Mobile Home Apartment Duplex Condo Other*

Do you *Own* or *Rent* your home? Landlord's Name/Phone #: _____

Which member of the household will be the primary caretaker of the foster animal(s)? _____

Pet History: List pets currently owned, including small caged pets.

Animal Type (dog, cat, other)	Name	Breed	Age	Sex M/F	Spayed or Neutered? (Y or N)	Kept Indoors? Or Outdoors?	How long owned?	Vaccinations – current?

If you have current pets, have they ever lived with another pet before? *Yes No N/A*

If yes, what types of other animals? _____

If you have current pets, how is their behavior toward other animals? _____

Name of Current Veterinarian or Clinic _____ Phone Number _____

Under whose name and what address are records kept? _____

Do you provide foster homes for any other organizations? **Yes No** If yes, where? _____

What kind of animals are you available to foster: _____

What behavior problem(s) are you willing to handle? (*Please keep in mind that we can never be certain what type of behavior problems may exist until animals are placed in a home*) _____

How many hours will the foster animal(s) be home alone during a typical day? _____

Do you have a completely fenced in yard? **Yes No** What type? _____ How high? _____

If no, how do you plan to insure that the foster pet (if a dog) will receive adequate exercise? _____

Do you have a completely separate area for the foster animal(s)? **Yes No** Explain: _____

Are you able to transport the foster animal(s) to our location and other locations as needed? (Vet, Humane Society adoption events, etc. within the Grand Traverse County area) **Yes No**

Please answer the following questions:

1. Because of the health risks, the Humane Society asks that you do not take dogs to public parks, dog beaches or other areas of high dog activity, are you able to comply with this request? **Yes No**
2. Do you understand that all animals are placed in your home on a temporary basis and when the requests of the shelter have been met (i.e. when the animal is healthy or of ideal age/size), the animal must be returned to Cherryland Humane Society? **Yes No**
3. Do you understand that all foster animals belong to Cherryland Humane Society and can be taken out of foster care at any time? **Yes No**
4. Do you agree to notify the Cherryland Humane Society if your foster animal exhibits any sign of aggression? (*Please understand that putting aggressive animals in the community is a danger to others and a liability to the Cherryland Humane Society*) **Yes No**
5. Do you agree to notify Cherryland Humane Society if the foster animal(s) escapes from your home?
Yes No
6. During the foster stay, you are the primary caretaker of the foster animal(s) and therefore, the animal(s) should remain in your home the entire foster period (*unless otherwise specified by Cherryland Humane Society*). Are you able to comply with this? **Yes No**

7. Do you understand that foster animal(s) can only be treated by Cherryland Humane Society and you can not take them to your veterinarian? **Yes No**
8. ***I understand that Cherryland Humane Society is not responsible for any illness or injury to my personal pet(s) while caring for foster animal(s)?*** Signature _____
9. ***I understand that the Cherryland Humane Society will not reimburse me for any non-essential items needed to care for the foster animal(s) or if I take a foster animal(s) to any other veterinarian or emergency veterinarians without prior consent from the Foster Coordinator***
Signature _____

All information I provided is true. I understand that submitting this application does not guarantee approval as a Foster Family volunteer. I waive my rights to make any claim of liability for any injury or damages that may occur related to my participation as a Foster Family volunteer with Cherryland Humane Society.

Thank you for your willingness to help animals in need.

Signature _____ Date _____