



# Foster Application

1750 Ahlberg Road  
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Thank you for your interest in fostering for Cherryland Humane Society (CHS)! Please take a moment to complete the following information so we can match you with an animal in need of foster.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Upon receipt of this application the foster coordinator will contact you to discuss the program in greater detail and answer any questions you have.

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Do you own or rent?      Own                  Rent      |      Apartment      House      Other

Please provide name & number of your landlord: \_\_\_\_\_

Do you run a daycare facility?      Yes      No

Please explain your household activity level (busy, relaxed, etc.), including the frequency and age of visitors: \_\_\_\_\_

Do you have a fenced in yard/How do you plan on containing the foster animal? \_\_\_\_\_

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Where will the foster animals be kept when you are not at home? \_\_\_\_\_

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On a typical day, how many hours will the foster animal(s) be left home alone?

\_\_\_\_\_

Please list all of the people living in your household

Name	Age	Relation

Are any members of the household allergic to dogs/cats?

\_\_\_\_\_  
\_\_\_\_\_

Who will be the primary caregiver of the foster animal(s)? \_\_\_\_\_

Please list ALL of the animals that have lived in the household over the last 5 years (Past and/or Current)

Name	Breed	Sex	Age	Spayed/ Neutered	Indoor/Outdoor	Is the animal current on its vaccinations?

Name & Number of Veterinarian: \_\_\_\_\_

What kind of animals are you willing to foster? Puppies Kittens Adult Dogs Adult Cats

Do you have a completely separate area for the foster animal(s)?

\_\_\_\_\_

Are you able to provide transport to our location and other agreed upon locations as needed such as the vet or adoption events? \_\_\_\_\_

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 into a home.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* I understand that I am not to take any foster dog to a public dog park, dog beach, or other areas of high dog activity unless staff has given me permission due to possible health risks. *Initial* \_\_\_\_\_

\* I understand that all foster animals are placed into my 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 CHS unless another outcome has been agreed upon. *Initial* \_\_\_\_\_

\* I understand that all foster animals belong to CHS and can be taken out of foster care at any time. *Initial* \_\_\_\_\_

\* I agree to immediately notify CHS if any foster animal in my care exhibits any sign of aggression. *Initial* \_\_\_\_\_

\* I agree to immediately notify CHS if any foster animal in my care exhibits any sign of illness. *Initial* \_\_\_\_\_

\* I agree to immediately notify CHS if any foster animal in my care escapes from my home. *Initial* \_\_\_\_\_

\* I understand that during the foster stay I, or the listed family member above, are the primary caretaker of the foster animal(s) and therefore the animal(s) will remain in my home for the entire foster period unless otherwise specified by CHS. *Initial* \_\_\_\_\_

\* I understand that foster animals cannot be treated unless approved by CHS and then only by a CHS approved vet. I cannot take foster animals to my own vet. *Initial* \_\_\_\_\_

\* 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). *Initial* \_\_\_\_\_

\* I understand that Cherryland Humane Society will not reimburse me for any non-essential items or if I take the foster animal(s) to any other veterinarian or emergency veterinarian without prior consent from the Foster Coordinator. *Initial* \_\_\_\_\_

All information I provided is true. I understand that submitting this application does not guarantee approval as a Foster Family. 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 with Cherryland Humane Society.

Applicant Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_