



# Foster Application

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 info@cherrylandhumane.org

**Thank you for your interest fostering for Cherryland Humane Society (CHS)! Please take a moment to read through and complete the following information with as much detail as possible so we can match you with an animal in need of foster care.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Do you own or rent?      Own                  Rent      |      Apartment      House      Other  
 Please provide **name & number** of your landlord: \_\_\_\_\_

Please list all of the people living in your household:

Name	Age	Relation	Allergic to dogs/cats?

**Name & Number of current/past Veterinarian:** \_\_\_\_\_

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	Where is the animal currently?

Which animals are you willing to foster?    KITTENS    |    CATS    |    PUPPIES    |    DOGS

Which special need animals are you willing to foster?    MEDICAL    |    BEHAVIORAL/TRAINING

*Examples: (Weight gain/loss, surgery recovery, heartworm treatment, socialization, behavior training, anxiety, etc.)*

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

Have you fostered with CHS or another organization before? YES | NO

If yes, please elaborate: \_\_\_\_\_

Do you have a separate area for your foster pet? \_\_\_\_\_

Do you have a fenced in yard/How will you contain the foster pet? \_\_\_\_\_

When it comes to caring for pets, I tend to be:

Easygoing (little to no rules)      Moderate (not always follow the rules)      Strict (stick to the rules)

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

On a typical day, how many hours will the foster pet be left home alone? \_\_\_\_\_

Are you willing and able to provide transport to your foster pet to CHS or other locations as needed, such as the vet or adoption event AND receive in-person training for animal care? YES | NO

Do you have any experience/certifications in the animal welfare (medical/behavior) field? YES | NO

If yes, please elaborate: \_\_\_\_\_

How did you learn about CHS's Foster program? \_\_\_\_\_

\* 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 the 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: \_\_\_\_\_