



# Foster Application

1750 Ahlberg Road  
Traverse City, MI 49696  
(P) 231-946-5116

rtramel@cherrylandhumane.org

**Thank you for your interest in fostering from Cherryland Humane Society (CHS)! Please take a moment to read through and complete the following information with as much detail as possible.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

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

**CHS strives to ensure that each person that fosters a pet is aware of, and willing to, accept the responsibility of pet ownership. Please understand that CHS accepts multiple applications for each animal and applicants must be 21 years of age. I have read and fully understand the foster application process. Initials: \_\_\_\_\_**

Do you own or rent? (circle)      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

**NAME & NUMBER** of current and/or past Veterinarian: \_\_\_\_\_

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

Name	Species/Breed	Sex	Age	Spayed/ Neutered	Indoor/Outdoor	Where is the animal currently?

**Animal Specifics**

I am interested in fostering: *(Please check boxes)*

Bottle Babies	1-3 month kittens	Adult Cat	Medical Needs Cat	Behavior Needs Cat	Puppy	Adult Dog	Medical Needs Dog	Behavioral Needs Dog	Senior Dog	Senior Cat

Are you interested in fostering a litter of kittens? YES | NO

If yes, how many kittens? \_\_\_\_\_

Is there a specific animal from CHS that you would like to foster? *(write name)* \_\_\_\_\_

### Personality

I am looking for a dog OR cat that will be/enjoy: *(Please check boxes)*

Energetic	Active	Playful	Relaxed	Being Alone	Being Around People	Taking Naps	Walks/Hiking	Snuggler	Home Body	Other

### Environment

What is your household activity level? *(circle)* BUSY | MODERATE | RELAXED

What ages of visitors, visit your home? 0-3 | 3-9 | 10-17 | 18-29 | 30-59 | 60+

Do you have a fenced in yard? YES | NO If yes, what kind of fence? \_\_\_\_\_

If no, how will you contain your foster animals?  
\_\_\_\_\_

### Routine

When it comes to living with animals, I tend to be: *(circle)*

Easygoing *(little to no rules)*

Moderate *(not always follow the rules)*

Strict *(stick to the rules)*

How often are you planning to exercise your pet? \_\_\_\_\_

Where will your foster pet be kept when you are not at home?

CRATE | FREE ROAM | ALTERNATE ROOM | OTHER: \_\_\_\_\_

Where would your foster pet sleep at night?

CRATE | PET BED | MY BED | SPARE BEDROOM | OTHER: \_\_\_\_\_

What would a typical day look like for your foster pet?

Morning Routine: \_\_\_\_\_

Afternoon Routine: \_\_\_\_\_

Evening Routine: \_\_\_\_\_

Night Routine: \_\_\_\_\_

### Sociability

My foster pet's sociability would need to be \_\_\_\_\_ with the following. *(Please check boxes)*

	No Preference	Doesn't Apply to Me	Good Friendly	Neutral	Fair	Willing to Work On	Other
Dogs							
Cats							
Toddlers (0-5 years)							
Children Under 12							
Teenagers (12-18 years)							
Seniors (60+ years)							
Frequent Strangers/Visitors							
Strangers Outside of the Home							
Squirrel, Rabbit, etc.							

### Training

What would you be willing to train/work on, with your foster pet? *(Please check boxes)*

Potty Issues	Barking /Vocal	Leash Pulling	Jumping	Guarding	Nervousness Around Strangers	Reactivity to Other Animals	Medical Special Needs	Anxiety	None

I would train my foster pet with: *(Please check boxes)*

Treats	Praise	Professional Trainer	Board & Train	E-Collar/ Prong	Daily Training	Weekly Training	Other

**We require all fosters to follow the foster program policies. Initials: \_\_\_\_\_**

Do you understand bringing a foster pet home will take transition time & training? YES | NO

Will you commit to this transition/training and agree to follow CHS post-foster advice? YES | NO

Have you ever surrendered or given any animal away? YES | NO

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

List at least one circumstance that would cause you to return your foster pet to CHS: \_\_\_\_\_

If you are unable to care for the foster animal, who is your emergency contact?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*\*CHS reserves the right to contact the above person and verify this information\**

- \*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 signs 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 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:** \_\_\_\_\_

# FOR Cherryland Humane Society USE ONLY

Staff Application Check:  Initials: \_\_\_\_\_

- Foster Includes *(medical and/or behavioral help, all supplies)*
- Estimated duration of foster
- Behavior/Medical run down of animal (s)
- Attempt to pair family needs with animal needs. *(energy level, kids, other pets)*

Notes:

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## Application Committee

- Landlord
- Veterinarian
- DNA
- Cat Test (In-Shelter)
- Dog to Dog
- Animal S/N & UTD (if applicable)

Notes: *(Include dates)*

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