

**FOSTER CARE PROVIDER APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE/ROOMMATE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #'S (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ E-mail address \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, WHAT IS YOUR AGE? \_\_\_\_\_

1) RESIDENCE: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobil Home \_\_\_\_\_ Hobby Farm \_\_\_\_\_

DO YOU OWN OR RENT? \_\_\_\_\_

IF RENTING, DO YOU HAVE PERMISSION FROM YOUR LANDLORD TO FOSTER A PET? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF LANDLORD \_\_\_\_\_ PHONE # \_\_\_\_\_

IS YOUR YARD FENCED? \_\_\_\_\_

IF NOT, HOW WILL YOU CONFINE THE DOG TO YOUR PROPERTY? \_\_\_\_\_

IS EVERYONE LIVING IN THE HOUSEHOLD AWARE OF THE DECISION TO FOSTER? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NO, LIST THEIR NAMES AND PHONE #'S: \_\_\_\_\_

WHO WILL BE THE PERSON RESPONSIBLE FOR THE DAILY CARE OF THE FOSTER PET SUCH AS FEEDING AND EXERCISE? \_\_\_\_\_

2) DO YOU HAVE PETS OF YOUR OWN? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DESCRIBE BREEDS, AGES, ETC.:

DOGS: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ yes \_\_\_\_\_ no

CATS: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ yes \_\_\_\_\_ no

OTHERS: \_\_\_\_\_

HOW LONG HAVE YOU HAD PETS? (Excluding childhood years) \_\_\_\_\_

IF CONSIDERING DOG FOSTERING, HAVE YOU EVER ATTENDED AN OBEDIENCE TRAINING CLASS?

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOUR PETS SPAYED AND NEUTERED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, EXPLAIN WHICH PETS ARE NOT STERILIZED: \_\_\_\_\_

HAVE YOUR PETS BEEN INTRODUCED TO OTHER ANIMALS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, HOW DID THEY REACT? \_\_\_\_\_

DO YOUR PETS RECEIVE ANNUAL VETERINARY CARE? (Example: yearly vaccinations, feline leukemia check, Heart worm tested and preventative given, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOUR PETS CURRENTLY UPDATED ON ALL VACCINATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

VACCINATIONS THEY RECEIVED: (CIRCLE ONES THAT APPLY)

CATS:	PRC-C	DOGS:	DHPP-C	HEARTWORM TEST
	RABIES		RABIES	BORDETELLA
	FELINE LEUKEMIA		FECAL	
	FECAL			

NAME OF ATTENDING CLINIC: \_\_\_\_\_

NAME OF VETERINARIAN: \_\_\_\_\_

TELEPHONE # OF CLINIC: \_\_\_\_\_

WILL THE FOSTER PET BE HOUSED: INDOORS \_\_\_\_\_ OUTDOORS \_\_\_\_\_ BOTH \_\_\_\_\_

IF BOTH, EXPLAIN: \_\_\_\_\_

3) DO YOU HAVE CHILDREN LIVING IN THE HOME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST THEIR AGES: \_\_\_\_\_

HOW MANY HOURS WILL THE PET BE LEFT ALONE DURING THE DAY? \_\_\_\_\_

ON THE AVERAGE, HOW MANY EVENINGS PER WEEK DO YOU SPEND AT HOME? \_\_\_\_\_

4) DO YOU KNOW IF ANYONE LIVING IN THE HOUSEHOLD HAS ALLERGIES TO THE TYPE OF PET YOU ARE CONSIDERING FOR FOSTER CARE?

YES \_\_\_\_\_ NO \_\_\_\_\_

5) DO YOU HAVE A PREFERENCE ON:

\_\_\_\_\_ DOGS \_\_\_\_\_ PUPPIES \_\_\_\_\_ CATS \_\_\_\_\_ KITTENS \_\_\_\_\_ BIRDS \_\_\_\_\_ RABBITS

\_\_\_\_\_ LITTERS (puppies) \_\_\_\_\_ LITTERS (kittens) \_\_\_\_\_ FERRETS \_\_\_\_\_ GUINEA PIGS \_\_\_\_\_ OTHER

SUPPLIES YOU WOULD NEED: (CIRCLE ALL THAT APPLY)

FOOD \_\_\_\_\_ BOWLS \_\_\_\_\_ TOYS \_\_\_\_\_ CRATE \_\_\_\_\_ COLLAR/LEASH \_\_\_\_\_ LITTERBOX/LITTER \_\_\_\_\_ OTHER: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF THE ABOVE INFORMATION AUTHORIZES CARVER-SCOTT HUMANE SOCIETY TO DENY APPLICATION, AND/OR RECLAIM THE FOSTER PET THAT IS IN MY HOME. I UNDERSTAND THE PET IN MY CARE IS PROPERTY OF CARVER-SCOTT HUMANE SOCIETY, AND ANY DECISIONS REGARDING THE PET AND THE PET'S FUTURE IS THAT OF CARVER-SCOTT HUMANE SOCIETY.

X \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_

CSHS REPRESENTATIVE \_\_\_\_\_

## Foster Home Provider Disclaimer

Carver-Scott Humane Society  
116 Second Avenue East, Suite 103, P.O. Box 215  
Chaska, MN 55318  
952-368-3553 www.carverscotths.org

I acknowledge that although a veterinarian has examined the pet I foster in my home, Carver-Scott Humane Society cannot guarantee the pet against parasites, diseases or destructive behavior. I will not hold Carver-Scott Humane Society responsible, nor seek any compensation for damages, medical fees or other liabilities incurred by the pet I foster. I understand any bites or injuries caused by the pet I foster are to be reported immediately to Carver-Scott Humane Society. I further agree to be personally responsible for the humane housing and care of the animal (s) I foster.

Date\_\_\_\_\_

Name (Print)\_\_\_\_\_

Signature\_\_\_\_\_

Spouse/Roommate name (print)\_\_\_\_\_

Signature\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip\_\_\_\_\_

Phone # H:\_\_\_\_\_ W:\_\_\_\_\_

Phone # Cell: \_\_\_\_\_

E-Mail\_\_\_\_\_

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