



CARE - VOLUNTEER FOSTER APPLICATION FORM

First Name _____ Last Name _____

Address _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ May we call you at your work? _____

Do you live in: an apartment _____ a rental house _____ your own home _____ other? _____

If there are any children in the home, please list their names and ages:

Names: _____

Ages: _____

Please list the names and relationships of other people in your home:

Names: _____

Relationships: _____

Part of the foster program may include a home visit, either before the animal is fostered to you, during its foster care, or both. Do you have any problems having a member of our foster care personnel visiting your home? Yes _____ No _____

Please indicate the types of animal you would be willing to foster:

Puppy (younger than 6 weeks)

Puppy (older than 6 weeks)

Kitten (younger than 6 weeks)

Kitten (older than 6 weeks)

Dog (older than 6 months)

Cat (older than 6 months)

Would you be willing to foster animals through the event of a hurricane? Yes / No / Possibly

Have you fostered an animal before? Yes / No

If yes, what kind & for how long? _____

If fostering a dog, do you have a fenced yard? Yes / No

What hours are you generally home to provide care to your animals? _____

Are you able to leave work during the day (e.g., over lunch) to tend to animals? Yes / No

Where will the animals be kept in your home during the day and night (describe location and flooring)?

If you have any pets of your own, please list them below:

Dogs (breed and age): _____

Cats (breed and age): _____

Are your pets spayed/neutered and current with their vaccinations? Yes _____ No _____

Which vet do you use? _____ May we contact them? Yes _____ No _____

Do you have the support of all adults in your household? Yes _____ No _____

Routine and/or emergency vet visits to Island Veterinary Services may be a part of fostering, and are scheduled by the Foster Care Coordinator when needed. Transporting the animal(s) to and from the vet clinic will be the responsibility of the foster care provider. Do you anticipate any availability conflicts?

Yes _____ No _____

I understand and agree that the animal(s) in my care belong to CARE and that I am temporarily caring for them in my home. In the case that I would choose to adopt any of the animals in my care, or if I introduce a prospective adopter to CARE, arrangements will be made in accordance with the adoption standards set forth by CARE. I also understand and agree to turn over, at any time, any animals in my care when asked to do so by any foster care personnel from CARE.
Initial: _____

Further, I also agree that I will not hold CARE liable in the event that any of my own pets become ill or injured due to interaction with foster animals. I HAVE BEEN INSTRUCTED TO KEEP ALL FOSTER ANIMALS ISOLATED FROM MY OWN PETS. If I choose to allow them to interact, and illness or injury should arise, I will be responsible for any vet bills I may incur. Initial: _____

Signature: _____ **Date:** _____

CARE foster personnel signature: _____ **Date:** _____

For CARE Use Only:
