



**CARE - VOLUNTEER FOSTER APPLICATION FORM**

First Name        Last Name       

Address       

Work Phone:        Home Phone:        Cell Phone:       

Email:        May we call you at your work? **Yes**

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**

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

Puppy (younger than 6 weeks)	<input type="checkbox"/>	Puppy (older than 6 weeks)	<input type="checkbox"/>
Kitten (younger than 6 weeks)	<input type="checkbox"/>	Kitten (older than 6 weeks)	<input type="checkbox"/>
Dog (older than 6 months)	<input type="checkbox"/>	Cat (older than 6 months)	<input type="checkbox"/>

Would you be willing to foster animals through the event of a hurricane? **Possibly**

Have you fostered an animal before?

If yes, what kind & for how long?

If fostering a dog, do you have a fenced yard?

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?

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?

Which vet do you use? \_\_\_\_\_ May we contact them?

Do you have the support of all adults in your household?

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?

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

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**For CARE Use Only:**
