## **Companion Animal Foundation**



## **Foster Care Application**

**Thank you** for your interest in providing foster care for Companion Animal Foundation. We appreciate the gift of your time! Please do not hesitate to contact us with any questions or concerns. Tiny animals once showing any signs of sickness can go downhill quite quickly so good observation and contacting CAF in a timely manner is necessary. Please know that all puppies must be brought to CAF between 9-11 each morning we are open so that the public can view them for possible adoption. All kittens must be brought to our Community Adoption Center when they are between 6-7 wks.

Name(s):	F	Phone#			Your Age:
Name(s):Address:		City:		E-Mail:	
Is your residence a hou	se or apartment?	Name/Phone o	of the o	owner:	
	wed to foster animals? Yes o				
If you are Not the owner	er, is it OK with your landlord f	or you to have t	tempo	rary pets? Yes or No or	I don't know
If you rent, do we have	permission to contact your lar	ndlord? Yes or	No If	No, what is your reason	
Please list ALL other	people in your household in	ncluding child	ren		
Name			Age Child or Housemate or Partne		Partner/Spouse
					, 1
Has Everyone in the h	ousehold been consulted o	n bringing in a	foste	er animal? Yes or No o	r Almost Everyone
Please briefly explain	why you would like to foste	er an animal: _			
Are you looking to ad	opt an animal at this time?	If y	es, wł	nat are you looking for	·?
Please list all current	cats and/or dogs in your ho	me at this time	e (you	irs and housemates)	
Animal's Name	Cat or Dog/Breed	Male or Fe	male	Is this pet spayed?	Current vaccines?
Do any of the pets in	your household have physi-	cal or behavio	ral pro	oblems Yes or No	
If yes, please explain:					
If you have dogs, have	e they ever been around cat	ts and kittens?	Yes	or No or I don't know	w (circle one)
Have any dogs in you	r household ever shown any	y aggressive te	nden	cies towards cats/kitte	ens?
What type of animals	are you currently intereste	d in fostering?	Pleas	se check All that apply	
Adult Dog ( ) Adult [	Dog with Puppies ( ) 1-2 P	uppies (not bo	ttle f	eeding) ( ) 1-3 Bottle	Feeding Puppies ( )
Adult Cat with Nursin	g Kittens ( ) Pregnant Ado	ult Cat ( ) Bo	ttle F	eeding Kittens ( ) Kit	tten(s) ( )
Have you ever bottle	fed baby kittens? Yes or No	o If yes, appro	ximat	tely how many kittens	have you fed?
Have you ever worke	d with or tamed small feral/	wild kittens?			

Do you have a yard? Yes or No Is your ya high is the fence?		**
How many hours a day are you at Home? _ Where will your foster animal spend the da Garage ( ) Crated Indoors ( ) In fenced y Tethered Outdoors ( ) With my Housema Using the above examples, where will your	ay? Please check All that a ard ( ) In home not crat tes ( ) Other (please spe	apply ed ( ) Designated Room ( ) With me ( ) cify):
Have you ever fostered any cats/dogs in thand a bit about your experience:	•	
Do you drive? Yes or No If there was an eveterinary appointment? Yes or No or I'm	= :	•
While Companion Animal Foundation cove (please do not go to the vets without lettin when fosters help with basics (pet food, lit very specific on what you will be able to as My home and time only I can assist with some things as long It should be no problem for me to he option to receive assistance should the	ng the lead animal person ter). So that we can have sist with as my income allows it elp with some expenses su	know at CAF), it is helpful but not required the best relationship possible, please be
We require communication several times a other day on the days we are open to chec		
I fully understand that the animal(s) I am to I am to return them when requested by Coanimal I am fostering (unless there are other go through the regular adoption process in the household must attend a simple for understands what is expected. The foster	AF. I also understand than er applications in proces ncluding paying the adopoter talk to make sure eve	t if I am interested in adopting the s), that I am still required to submit and tion fee. I also understand that everyone ryone receives the same information and
Print Name:		
Print name:	Signature:	Date:
For Cor	mpanion Animal Foun	dation
Foster Care Coordinator:	Processe	ed On/Date:
Landlord Contacted on	Results:	
Date Foster Training has been completed:		
Were All members of the household present	nt for the training?	
Additional Comments:		