



## DOG/PUPPY FOSTER APPLICATION

### *Tell Us About Yourself*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

When are you available to start fostering? \_\_\_\_\_

Why do you want to foster? \_\_\_\_\_

Have you ever fostered for another organization? If so, which organization and when? \_\_\_\_\_

Where do you live? House Condo Apartment Trailer Student Housing Military Housing Other \_\_\_\_\_

Length of residency: \_\_\_\_\_ Do you plan on moving in the next 1-2 months? \_\_\_\_\_

Do you: Own Rent Live with Parents/Relative Live with Friends Other \_\_\_\_\_

If rent, list landlord's name/phone number: \_\_\_\_\_

If live with parents/relative/friends, list homeowner's name/phone number: \_\_\_\_\_

### *Tell Us About Your Household*

How many people live in your home? \_\_\_\_\_ Do children under 18 live there? Y N

If yes, list their ages and if they are there full or part time \_\_\_\_\_

Do you have any health conditions that could restrict your ability to care for your fosters, either now or in the future? If yes, please explain: \_\_\_\_\_

Who will be responsible for your fosters? \_\_\_\_\_

Are you or any members of your household allergic to dogs? Y N Unknown

How many hours per day will your fosters be without human companionship? \_\_\_\_\_

How will you discipline your foster? \_\_\_\_\_

What will you do if your foster starts chewing unwanted areas like furniture or carpet? \_\_\_\_\_

## Tell About Your Pets

Do you currently have any pets? If so, please fill in the chart below:

Species (Cat or Dog)	Breed	Name	Age	Sex	Fixed	Declawed	Current on Shots/Vet Visit
					Y N	Y N	Y N
					Y N	Y N	Y N
					Y N	Y N	Y N
					Y N	Y N	Y N

Please list your veterinarian's name and phone number \_\_\_\_\_

**If you do not have a vet reference**, please list two personal references that can describe your experience with pets:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Have you ever surrendered an animal to a shelter or rescue? Yes No

If yes, to whom was the animal surrendered and what were the circumstances? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_ What is the fence height? \_\_\_\_\_

## Tell Us About Fostering

Do you agree to a home visit from a CCAS representative before and during the fostering process? Yes No

Please select the types of fosters you are interested in. Choose as many as apply:

Bottlefeeding puppies Nursing moms with puppies Puppies Adult dogs Special needs dogs

Do you have any special criteria for a foster that would live at your residence (age, sex, activity level, etc)? \_\_\_\_\_

How long are you willing to keep a foster dog/puppy? \_\_\_\_\_

What will you feed your foster? \_\_\_\_\_

Where will your foster sleep? \_\_\_\_\_

If necessary, what methods will you use to housebreak your foster? \_\_\_\_\_

What expectations do you have from CCAS during the foster period? \_\_\_\_\_

Are you able to bring your fosters to CCAS at least every two weeks for routine vet care and possibly more frequently if they need constant medical treatment? \_\_\_\_\_

If necessary, are you able to give your fosters oral or topical medication? \_\_\_\_\_

Are you able to monitor your fosters for signs that they need medical attention, like diarrhea, vomiting, dehydration, lethargy, etc? \_\_\_\_\_

I declare that I have accurately completed this foster application, and that if any of the information given on my application is discovered to be inaccurate to the best of my knowledge, I must immediately return my foster animal(s) to the care of CCAS. I acknowledge that I have received a copy of the Camden County Animal Shelter Foster Agreement, I have thoroughly read through it, and I understand all of my rights and obligations to CCAS and the animal(s) that I am fostering.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Internal Use:

Date Application Received by Foster Coordinator: \_\_\_\_\_

Vet check results: \_\_\_\_\_

Landlord check results: \_\_\_\_\_

All family members in agreement: \_\_\_\_\_

APPROVED/DENIED by \_\_\_\_\_ Date \_\_\_\_\_