

**SPECIAL ADOPTABLES PROGRAM
PREPARING ANIMALS WITH SPECIAL NEEDS FOR THEIR FOREVER FAMILIES**

Program Coordinator: Lisa Duckworth, specialadoptables@cahs-pets.org

Today's Date: _____

Name: _____

Address: _____

Phone: (H) _____ (W) _____

E-mail address: _____

Are you currently a volunteer at the Capital Area Humane Society?
Yes ____ No ____

Have you attended a general volunteer orientation? Yes ____ No ____
If Yes, give approximate month and year: _____

Are you currently an employee of CAHS? Yes ____ No ____
If Yes, Hire Date: _____ Current Position: _____

What types of animals are you interested in caring for in your home? (Check all that apply.)

puppies ____ adult dogs < 25 lbs. ____ 25-60 lbs. ____ 60+ lbs. ____

kittens ____ adult cats ____

other (specify) _____

Have you had experience in caring for the types of animals you specified?

List all people who spend significant time in your home that you could expect to have regular contact with the foster animals:

Are any of these people pregnant or immune compromised? Yes ____ No ____

Are any of these people allergic to animals? Yes ____ No ____

Are any of these people under the age of 12? Yes ____ No ____

Foster Home Survey

Please give the following information to assist us in the evaluation of your application.

Where are your animals during the day?

Where are your animals at night?

Where do you keep food and water dishes for your animals?

Do your cats have an area for food and litter boxes that would be inaccessible to dogs?

Do your current animals like each other?

Do they like other animals?

What days and hours are all of the human adults typically gone from your house?

Do you have a regular schedule?

Are you willing to keep foster dogs and/or puppies crated and cats and kittens confined when no human adults are home to supervise?

How will you keep foster animals separate from your permanent pets?

Do you understand that most dogs and pups will not be housebroken and kittens or cats under stress may sometimes potty outside the litter box?

How will you handle this?

Do you have a fenced-in yard?

How will you exercise pups and dogs over 10 weeks of age?

Foster Home Permanent Pet's Medical Histories

Please complete the following for all animals in your home. You may have your vet complete this section or you can fill it in and attach copies of the veterinary records that verify each animal's most recent vaccination. You must list a phone number for your veterinarian.

Complete the Following for all pets in your household	Animal 1	Animal 2	Animal 3	Animal 4	Animal 5	Animal 6	Animal 7	Animal 8
Pet name								
Species (e.g. cat, dog)								
Age								
Breed								
Sex								
Spayed / Neutered?								
Specify and medical problems that require routine treatment or attention								
Date of last rabies vacc. (Dogs and cats)								
Date of most recent routine vaccinations, e.g. dogs – distemper & parvo vacc. cats – panleuk. & rhinotrach								
Dogs only – date of last heartworm treatment								
Cats only – does cat have feline leukemia? Yes or No								

 Veterinarian Signature

 date

Veterinarian Name: _____

Veterinarian Clinic: _____

Clinic Phone: _____

Recognition of Risk and Release of Liability

As a volunteer for the Capital Area Humane Society (CAHS) Special Adoptables Program, I assume responsibility for all human or animal injuries, illnesses, behavior or psychological problems incurred while the foster pet(s) is (are) in my home or under my care. I realize that there are risks involved in caring for animals and I hold the Capital Area Humane Society harmless in any way for said problems to my pets, myself, my family or guests, including damage to personal property.

I also recognize that I am to provide a temporary home to CAHS special needs animals and I agree to keep any animal in my care until it can be placed in a permanent home. The animals I care for are the property of CAHS, and I agree to return the animals to CAHS if requested.

I understand and agree to the following:

- I will bring in my Special Adoptables animals for vaccinations, treatment or checkups as instructed by CAHS medical staff or the volunteer coordinator of the Special Adoptables program.
- I will be very cautious and careful when introducing any Special Adoptables animal(s) to my own pets.
- Because of financial constraints, the CAHS may only be able to provide limited medical care to the special adoptables animal(s).
- If I, my family and/or my guests become sick due to exposure to the special adoptables animal(s), CAHS will be unable to provide medical care.
- If the special adoptables animal(s) get sick, they may need to be euthanized.
- I realize that rescued special adoptables animal(s) (those awaiting a court case) may be returned to an owner if legal custody is not gained by CAHS.
- Special Adoptables animals will never be placed on the CAHS adoption floor. I understand that I am responsible for providing a loving home until my special adoptable finds a permanent home. Potential adopters of my special adoptable orphan, must be approved by the CAHS Adoption Department.
- If a special adoptables animal bites or severely scratches anyone, CAHS must be notified immediately so a rabies quarantine can begin (quarantine can typically be done in the special adoptables home).

Application Signature

Date

**Please return all four pages of completed application (and vet records if applicable) to:
CAHS, Special Adoptables, 3015 Scioto Darby Executive Court, Hilliard, OH 43026, or FAX (614)
777-8449 Attention: Special Adoptables**