



Return Completed Application To:
Capital Area Humane Society
3015 Scioto-Darby Executive Court
Hilliard, Ohio 43026
or Fax: 614-777-8449

FOSTER PET PARENT APPLICATION

Coordinator: Tami Pappas, phone 614-844-6448, email ttpappas@columbus.rr.com

Today's Date: _____

Name: _____

Address: _____

Please circle all that apply: House Apartment/Condo Rent Own Other _____

Phone: (H) _____ (Wk or Cell) _____

Email Address: _____

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

Have you attended a general volunteer information session or orientation? Yes ___ No ___
If Yes, give approximate month and year: _____

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? If yes, please describe. Yes ___ No ___

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

What kinds of animals are you willing to foster? (circle all that apply)

- Adult Cats, Adult Dogs, Puppies, Kittens, Mother Cats and Kittens, Mother Dogs and Puppies, Unsocialized/Shy Animals, Injured/Sick Animals, Animals on Medications, Cruelty Case Animals, Unweaned Bottle Fed Babies, Rabbits/Pocket Pets

Do you have experience with the types of animals you specified? Yes ___ No ___
If yes, please describe.

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

Re: Your resident animals.

What pets are currently living with you in your home?

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?

What do you do with your own pets when on vacation or out of town?

Re: Plans for Foster Animals in your home.

Do you have an area in your home where you can isolate foster animals?

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

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

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?

Can you provide basic supplies (litter, litter boxes, treats, etc) for your foster animals?

Do you have experience administering medications to animals? If yes, please explain.

Do you understand that scheduled medical appointments for evaluation or treatment may be necessary and involve travel with the shelter veterinarian as needed?

Foster Home Permanent Pets

Please complete the following for all animals in your home. All resident pets must be current on all vaccines. **Please attach a current copy of your veterinary records that verify the most recent vaccines.**

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								
Age								
Breed								
Sex								
Spayed/Neutered?								
Specify any medical problems that require routine treatment or attention								

Veterinarian Name: _____

Veterinarian Clinic: _____

Clinic Phone: _____

Recognition of Risk and Release of Liability

As a volunteer for the Capital Area Humane Society (CAHS) Foster Pet Parent 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 foster animals. The animals are the property of CAHS, and I agree to return the animals to CAHS on the date requested.

I understand and agree to the following:

- I will bring in my foster pets for vaccinations, treatment or checkups as instructed by CAHS medical staff or the volunteer coordinator of the foster pet program.
- There will be limited or no contact between the foster animals(s) and my own pets of the same species. This is especially important during the first 14 days the foster animal(s) is (are) in my home.
- Because of financial constraints, the CAHS may only be able to provide limited medical care to the foster animal(s).
- If I, my family and/or my guests become sick due to exposure to the foster animal(s), CAHS will be unable to provide medical care.
- The foster animal(s) may get sick and be euthanized.
- I realize that rescued foster animal(s) may be returned to an owner if legal custody is not gained by CAHS.
- Foster animals released for adoption will be placed in the normal adoption program with no favoritism given to friends or family of the foster parent(s). Any potential adopter must be approved by the CAHS Adoption Department.

Applications Signature

Date

Please return all four pages of the completed application (and vet records if applicable) to : Volunteer Coordinator, CAHS, Foster Application Enclosed, 3015 Scioto Darby Executive Court, Hilliard, Ohio 43026 or Fax (614)777-8449, Attention: Volunteer Coordinator.