

Approved:  Yes  No (see back)

Employee's Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_



## Foster Care Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying to be a foster care provider for Central Vermont Humane Society. We're glad that you're here! The Foster Care Program here at CVHS is devoted to animals with short term care needs that are better addressed away from the hustle and bustle of the shelter. Home environments provide the relaxing atmosphere these animals need to do their best, whether they're feeding their young, maturing, recovering from illness or injury, or working on behavioral challenges. We provide all food, toys, crates, and veterinary care. You provide a loving home and family.

There are several types of animals needing foster care. All animals would need a minimum of one week of care, with a maximum of three months. Please check all animals you would be interested in providing a temporary home for.

- Dogs**      **Notes:** \_\_\_\_\_  
This may include dogs recovering from illness or injury, or dogs with minor behavioral issues.
- Puppies**      **Notes:** \_\_\_\_\_  
This may include an orphaned puppy or puppies, or a mother and her litter. Puppies need to be eight weeks of age before returning to CVHS for adoption.
- Cats**      **Notes:** \_\_\_\_\_  
This may include cats recovering from illness or injury, or cats with minor behavioral issues. We also occasionally need foster homes for healthy, adoptable cats due to space constraints at the shelter.
- Kittens**      **Notes:** \_\_\_\_\_  
This may include an orphaned kitten or kittens, or a mother and her litter. Kittens need to be eight weeks of age before returning to CVHS for adoption.
- Small Animals**      **Notes:** \_\_\_\_\_  
This may include rabbits, mice, rats, guinea pigs, domestic birds, etc.

\*All applicants must be at least 18 years old or older to provide a foster home.\*

Once again thanks for your interest in fostering for Central Vermont Humane Society. Once your application has been reviewed we will contact you.

# Central Vermont Humane Society Foster Care Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

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

Type of dwelling:  Own Home/Land  Own home/not land  Rent home  Other: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all people living in household (not including yourself or spouse/partner listed above). Age information is required only for residents under 18 years of age.

Name	Relationship	Age	Has met requested animal

Please list the animals you have had or lived with in the past five years:

Name	Breed or Type	Age	Sex	Fixed?	Where is the animal now?

Which Veterinary Clinic do you use? \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) the records are under (Human)? \_\_\_\_\_

Please list two references older than 21 years and not living in your home:

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

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

Previous Foster Care Experience: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Do you have reliable transportation?    Yes        No

Do you have prior experience working with animals?    Yes    No    Please explain:

Who will be primarily responsible for the care of the foster animals? \_\_\_\_\_

What is the maximum number of hours that the foster animals will be left alone? \_\_\_\_\_

When left alone, where will the foster pets be located? \_\_\_\_\_

When outside, how will foster dogs be controlled? \_\_\_\_\_

Are you able to transport foster animals to vet appointments or CVHS? \_\_\_\_\_

Are you comfortable administering oral and topical medications? \_\_\_\_\_

Do you have any allergies, physical, or psychological (i.e. fears, heart, bad back, etc.) conditions which might affect your foster care work?    Yes    No    If so, please describe:

Have you adopted from us before?        Yes        No    If yes, who did you adopt?

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

Please describe your ideal CVHS foster care experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you NOT want to do while fostering for CVHS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What length of time can you commit to as a foster family? \_\_\_\_\_

How did you hear about our foster care program? \_\_\_\_\_

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

All foster care providers must sign our Foster Care Agreement before fostering.

I understand that falsification of the above information or non-compliance with Vermont laws pertaining to the welfare of the animals will result in the automatic refusal of an adoption or confiscation of the animal. I hereby give the permission to CVHS to contact my veterinarian, landlord and/or town clerk. In addition, I understand that my references may be called to verify information on this application. I will also allow a representative of CVHS to do a home check prior to, or following this adoption if deemed necessary.

Signature	Print Name	Date
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Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_