

**CHARLEVOIX AREA HUMANE SOCIETY  
FOSTER FAMILY APPLICATION**

**Tell us about you:**

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Best number to reach you between 8am-5pm daily? \_\_\_\_\_

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

**Driver's License/Permanent ID: Please provide for copy**

**Tell us about your home and family:**

Do you lease or own the above property? \_\_\_\_\_ If leasing, please provide the name and phone number of your landlord \_\_\_\_\_

Do you have pets of your own? \_\_\_\_\_ If so, how many of each type?

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

If yes: are your own pets currently vaccinated? \_\_\_ Yes \_\_\_ No

are your own pets spayed/neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No

are you able to keep the fosters separate from your own pets? \_\_\_ Yes \_\_\_ No

May we contact your veterinarian to verify the above information: \_\_\_ Yes \_\_\_ No

Please provide your veterinarian's name and phone number:

\_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

Have you ever surrendered a pet to any Humane Society, Shelter or Rescue Group? \_\_\_ Yes \_\_\_ No

If Yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any children at home? If yes, what age(s)?

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How would you describe the activity level in your home? (1-5, 1=very quiet, 3=varies, 5= very active)\_\_\_\_\_

Do you work full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ or are you home during the day? \_\_\_\_\_

How many hours a day do you have to spend with your foster(s)? \_\_\_\_\_

Where in your home will you keep your foster animals(s)? \_\_\_\_\_

Are you agreeable to a home visit by a CAHS representative prior to taking animals into your home?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### **About Fostering**

Do all household members agree to your fostering animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who will be the main person working with the foster animal(s)? \_\_\_\_\_

Have you fostered animals before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Please tell us about any past experiences you've had either medically or behaviorally challenged cats/kittens and/or dogs/puppies:

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Have you had a dog or cat die on your premises in the past 3 months of parvo, distemper (panleukopenia), leukemia or from unknown causes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you expecting any major changes in your household in the near future such as new baby, vacation, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to:

- fill out a daily progress report on your foster animal(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- bring the animal(s) to Charlevoix Area Humane Society (CAHS) for periodic checkups and vaccinations? \_\_\_\_\_ Yes \_\_\_\_\_ No
- give medications should the foster animal require them? \_\_\_\_\_ Yes \_\_\_\_\_ No

- bring animals to the CAHS during regular hours or to an **approved** emergency clinic should they become ill? \_\_\_\_ Yes \_\_\_\_ No **\*\***(Any services provided at a **non-approved** veterinary clinic/night emergency service must be paid for by the foster parent).
- Attend additional foster workshops/classes? \_\_\_\_ Yes \_\_\_\_ No

**Please read the following statements about Animal Fostering and initial next to them to indicate that you understand and agree to abide by them:**

\_\_\_\_\_ Your foster dog/cat may not be house-trained or litter-trained, and may have accidents in your home.

\_\_\_\_\_ Your foster dog/cat may chew on or scratch furniture, clothing or other objects. You are comfortable working with these behaviors.

\_\_\_\_\_ You agree to keep your foster dog on a leash or enclosed in a fenced-in yard or home at all times. And/or You agree to keep your foster cat inside your home at all times.

\_\_\_\_\_ There can be some risk to your own pets, especially if your foster cat/dog is not kept separate from your own pet(s). You understand that the CAHS is not responsible for your own pets medical treatment.

\_\_\_\_\_ CAHS is the legal guardian of your foster dog or cat. You understand that CAHS has the final authority in regards to the animal's adoption, treatment or disposition.

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

Other information or comments? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to:

Charlevoix Area Humane Society, Attn: Foster Coordinator, 614 Beardsley St. Boyne City, MI 49712

or email to: [pets@charlevoixhumane.org](mailto:pets@charlevoixhumane.org)

## Types of Foster Care

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Please indicate which of the following types of foster animals you'd be interested in caring for:

- **Mother Cat with Nursing Young:** \_\_\_\_ Yes \_\_\_\_ No

Mother will need to be kept with her babies at least until they are weaned at 6-8 weeks of age.

- **Underage Kittens:** \_\_\_\_ Yes \_\_\_\_ No

These are under 8 weeks of age and could require from 2 to 4 weeks of care.

- **Behavior Modification Animals:** \_\_\_\_ Yes \_\_\_\_ No

Could be young in need of additional socialization before being ready for adoption, or older animals that need observation and/or rehabilitation in a home environment.

- **Mother Dog with Nursing Young:** \_\_\_\_ Yes \_\_\_\_ No

Mother will need to be kept with her babies at least until they are weaned at 4-5 weeks of age.

- **Underage Puppies:** \_\_\_\_ Yes \_\_\_\_ No

These are under 8 weeks of age and could require from 2 to 4 weeks of care.

- **Injured or Sick Animals:** \_\_\_\_ Yes \_\_\_\_ No

May require giving medications or providing special housing circumstances. May require attending medical appointments. Animal could need from 2 weeks to 2 months of rehabilitation and care depending on the issues.

- **Hospice:** \_\_\_\_ Yes \_\_\_\_ No

Older animals with medical issues that make them difficult to adopt out but are still enjoying quality of life. May require giving medications, subcutaneous fluids or special diets.

- **Overlooked Cat:** \_\_\_\_ Yes \_\_\_\_ No      **Overlooked Dog:** \_\_\_\_ Yes \_\_\_\_ No

These are animals that have been at the Humane Society for 6 months or longer and need a change in their living arrangements. This fostering period could require up to 2 to 3 months of care.

**Note: Please let us know if you are interested in participating in a long fostering assignment for military personnel deployed overseas.**

**This section for CAHS Staff only:** *Signatures are required below prior to contacting the Foster Family regarding their application*

Application Received: Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Robert MacKenzie, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Program Coordinator

\_\_\_\_\_  
Date