

Foster Program Application

It is the policy of the Chequamegon Humane Association (CHA) to provide opportunities for volunteer service to all qualified persons, regardless of race, national origin, ancestry, age, sex, disability, religion, citizenship, marital status, or any other characteristics protected by law.

Accuracy and completeness of this form are important factors in determining acceptability for a foster program position with the CHA. Please be neat in completing this form and do so in your own handwriting.

You may be asked to provide additional references, participate in interviews, or supply additional information as part of the qualification process. Your foster program application will be evaluated and compared with those of other applicants for any available foster home positions and a home visit will be scheduled. Completion of this application does not guarantee placement in the CHA foster program.

Name: name:

First	Middle Initial	Last
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Address: _____

Street	City	State	Zip Code
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Telephone: _____ Date: _____

- How many adults are in the home? _____
- Are there children in the home? What are their ages? _____
- Does anyone in the home have animal allergies? Yes No
- In a brief paragraph, please describe your reasons for wanting to foster for the CHA.

- Do you own or rent? If you rent, what is your landlord's name? _____

What is your landlord's phone number? _____

- Do you have a room/area in which foster animals could be housed separately from other pets?

Yes No

- Do you have a fenced yard? Yes No

- How many hours per day would a foster animal be without care? _____
- How long would you be willing to keep a foster animal in your home? _____
- Are you willing to make appointments for potential adopters to visit your home and meet the animal in your care? Yes No
- Are you able to transport a foster animal to veterinary appointments? Yes No
- Are you comfortable administering medications to animals if needed? Yes No
- Have you been or are you currently involved with another humane organization?
Yes No If yes, what organization? _____

- Do you currently have any pets? Yes No If yes, please list **all** pets below.

Species/Breed	Age	Gender	Sterilized? (Y/N)
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- Do you have any previous experience working with animals? Yes No If yes, please describe.

- Please list two references that can attest to your responsible pet ownership.

1. _____
First and Last Name Telephone

Relationship

2. _____
First and Last Name Telephone

Relationship

- What is your veterinarian's name? _____ Phone? _____

- Do you give the CHA permission to speak to your veterinarian about your veterinary history?

Yes No Please note, this step is *required* to be considered for the foster program.

- Which of the following are you willing to foster? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Orphaned kittens | <input type="checkbox"/> Orphaned puppies |
| <input type="checkbox"/> Mother and nursing kittens | <input type="checkbox"/> Mother and nursing puppies |
| <input type="checkbox"/> Cat recovering from injury/surgery | <input type="checkbox"/> Dog recovering from injury/surgery |
| <input type="checkbox"/> Cat awaiting placement in another shelter | <input type="checkbox"/> Dog awaiting placement in another shelter |
| <input type="checkbox"/> Cat needing behavior modification | <input type="checkbox"/> Dog needing behavior modification |

***Thank you for your interest in our foster program! We will contact you soon to arrange a home visit.**

STAFF USE ONLY