



Champaign County Humane Society

1911 E. Main Street, Urbana IL 61802

FOSTER APPLICATION

Thank you for your interest in becoming a foster care provider.

Fostering is a rewarding experience that helps our animals in need by placing them in a home environment. CCHS relies upon its foster volunteers to provide love and care for animals in preparation for their adoption.

Fostering a pet is a big commitment of your time and resources. We appreciate the invaluable services that foster parents provide. We would like to make the most informed decision as to which animals to place in your care. Completing this form is the best way to ensure a positive experience for both you and the animals.

CONTACT INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email address: _____ (required if you have one)

I do not have an email address, but I would be willing to get one for the purpose of communicating with the foster coordinator.

I do not have an email address, and cannot obtain computer access at all.

HOME INFORMATION:

Do you live in (check one): ___ House ___ Apartment ___ Mobile home ___ Other

How long have you lived there? _____

Do you own or rent your home? ___ Own ___ Rent

If you rent, does your landlord allow pets? ___ Yes ___ No

Landlord's Name: _____ Phone Number: _____

Adults in home: _____ # Children in home: _____

Children's ages: _____

CURRENT PET INFORMATION:

Animals Name	Species	Age	Sex	Health	Current on Vaccinations?

Your Veterinarian's Name: _____

Clinic Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

FOSTER CARE INFORMATION:

Do all household members agree to you fostering animals? ___ Yes ___ No

Are you over the age of 21? ___ Yes ___ No

Do you have suitable transportation and are you willing to transport your foster pets back and forth to the Humane Society for check-ups? ___ Yes ___ No

How many hours a day can you devote to foster care? _____

Please list any animal handling experience you have that specifically involves medical care, socializing, training and/or weaning: _____

Why do you want to foster animals? _____

Have you worked with any other animal welfare organizations? ___ Yes ___ No

If yes, which ones: _____

What are your feelings about euthanasia of homeless animals for health or temperament problems? _____

FOSTERING AREAS (Please mark those of interest):

CATS	DOGS
<input type="checkbox"/> Upper respiratory infection cats or kittens	<input type="checkbox"/> Medical conditions in puppies and dogs
<input type="checkbox"/> Other medical conditions in cats or kittens	<input type="checkbox"/> Puppies too young for adoption
<input type="checkbox"/> Kittens too young for adoption	<input type="checkbox"/> Under socialized puppies
<input type="checkbox"/> Moms and kittens	<input type="checkbox"/> Moms and puppies
<input type="checkbox"/> Injured and recovering cats	<input type="checkbox"/> Injured and recovering dogs
<input type="checkbox"/> Under socialized kittens	<input type="checkbox"/> Behavior problems in puppies and dogs
OTHER SPECIES?	

What animals or situations are you most interested in fostering? _____

Are you comfortable giving an animal medication if needed? _____

Have you ever been charged or convicted of animal cruelty or animal torture?

Yes No

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of fostering pets. I understand that CCHS has the right to deny my request to foster animals for any situation that would be contrary to the Society's policies, in violation of state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by your agency.

Signature: _____ Date: _____

Drivers license or State ID number: _____

All information contained in this application will remain confidential and property of CCHS.