



# Cat/Dog Foster Care Application/Agreement

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the PCHS Foster Care Program.

To qualify for fostering, you must:

- Be at least 21 years old and have a valid driver's license or state Identification Card stating your current address
- Have the knowledge and consent of a landlord, if relevant

**Please note: We reserve the right to refuse fostering to anyone. Please be advised that we will not foster to persons who mislead or fail to provide accurate information on this application.**

## Personal Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

How long at this address: \_\_\_\_ (Yrs.) \*If less than 2 years, list previous addresses for past 7 years:

Primary Phone \_\_\_\_\_ Driver License # \_\_\_\_\_

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

Spouse/Partner Full Name: \_\_\_\_\_

Address \_\_\_\_\_

How long at this address: \_\_\_\_ (Yrs.) \*If less than 2 years, list previous addresses for past 7 years:

Primary Phone \_\_\_\_\_ Driver License # \_\_\_\_\_

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

\*\*If you rent, please give landlord's name and phone number: \_\_\_\_\_

(By providing this information you are allowing us to contact your landlord. Please inform them of this call so they will speak with us)

## Family & Housing

List all members living in the household (names/ages/relationship to you).

Name	Age	Relationship	Other Info (optional)

## Current & Past Pets

Please list all of your current pets and pets owned in the past 5 years

Dog or Cat	Breed	Name	Age	M/F	Spayed/Neutered	Living or Deceased (reason)

*\*Please use back of application if you run out of space.*

***We require all other animals in your home be spayed/neutered and up to date on vaccinations.***

**Veterinarian**

Please list veterinarian that has seen your pets, both past and present.

Veterinarian/Clinic Name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_

**(By providing us with this information, you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to us)**

**General Information**

I am interested in fostering (check all that apply): Adult Cats \_\_\_ Senior Cats \_\_\_ Kittens \_\_\_ Adult Dogs \_\_\_ Senior Dogs \_\_\_ Puppies \_\_\_

Have you ever surrendered a pet? \_\_\_Yes \_\_\_No

If so, why? \_\_\_\_\_

Have you ever had a pet euthanized? \_\_\_Yes \_\_\_No

If so, why? \_\_\_\_\_

Have you ever lost a pet to an accident? \_\_\_Yes \_\_\_No

If so, explain: \_\_\_\_\_

Does anyone in the family have a known allergy to cats/dogs? \_\_\_Yes \_\_\_No

How do you discipline your pets and why? \_\_\_\_\_

Where will the cat/dog spend the day? (Describe) \_\_\_\_\_

Where will the cat/dog spend the night? (Describe) \_\_\_\_\_

Number of hours per day (average) cat/dog will spend alone? \_\_\_\_\_

For Dogs and Puppies: Do you have a fenced in yard? Yes \_\_\_ No \_\_\_ If Yes, how high? \_\_\_\_\_ If No, do you agree to keep your foster dog or puppy on a leash at all times while outside? Yes \_\_\_ No \_\_\_

**Please read the following carefully:**

PCHS determines the criteria for fostering, decides which animals are eligible for foster care. We will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.), and any other restrictions or expectations we may have.

You will be expected to keep the animal safe and secure, return it to PCHS when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. PCHS retains ownership of all animals placed in foster care and will make all decisions regarding the adoption and placement of the animals fostered.

PCHS cannot accommodate people fulfilling court-ordered community service within the Foster Care Program. PCHS does not accept into this program those convicted of violent crimes or crimes involving animal cruelty or neglect. Students seeking credit for school service requirements should speak with a PCHS volunteer to discuss the program before proceeding.

The foster parent is responsible for transporting the animals to and from PCHS or the veterinarian office chosen by PCHS, for veterinary appointments, surgery, behavior evaluations, vaccinations, etc. The foster parent may also be responsible for transporting the animal to and from adoption events, and to off-site training classes, at PCHS’s discretion.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although PCHS takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals’ health, behavior or actions. I agree to follow instructions provided to me by PCHS to maintain the health and safety of foster animals in my care. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which PCHS has asked me to provide care. I acknowledge that PCHS is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
PCHS Witness

\_\_\_\_\_  
(Date)

**Email Foster Application To:** fosterspchs@gmail.com