

Cambridge & District Humane Society Foster Care Program

APPLICANT INFO			
Full Name			
Full Address (residing)			
Primary Phone Number		Alternate Phone Number	
Email Address			
Emergency Contact Name			
Emergency Contact #'s			
Over the age of 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Live with your parents? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hours of work/day? <input style="width: 100%;" type="text"/>
Occupation			
Do you have a valid driver's license and insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a vehicle at all times?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Any physical/mobility limitations? Bending, lifting, walking, etc.			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , explain			
Fostered before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What kinds of animals?			
What organization?			
Foster Reference Info			

HOME ENVIRONMENT			
Do you own or rent?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	
Landlord Name		Landlord Phone Number	
Does your landlord support your decision to foster? <i>Please provide letter of support</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your yard fully fenced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fence needing repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you live in a bungalow? Two story?			
How many people reside in your home?	# of adults:	Ages: <input style="width: 100%;" type="text"/>	
	# of children:	Ages: <input style="width: 100%;" type="text"/>	
Does anyone in the household have animal or animal related allergies?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an area/room where the foster pet can be isolated from all animals in your home?			Yes <input type="checkbox"/> No <input type="checkbox"/>

ANIMAL EXPERIENCE			
Do you currently own pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, please list breed(s), gender(s), age(s), spay/neuter below</i>
Pet details:	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Are your dog's vaccinations and registration/licenses up to date? Vet proof required			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your cat's vaccinations and registration/licenses up to date? Vet proof required			Yes <input type="checkbox"/> No <input type="checkbox"/>

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Is your dog(s) indoor or outdoor?	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Both <input type="checkbox"/>
Are you familiar with the Dog Bylaws for Cambridge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your cat(s) indoor or outdoor?	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Both <input type="checkbox"/>
Are you familiar with the Animal Bylaws for Cambridge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you surrendered an animal to a shelter/rescue before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , why?			
Are any of your animals immune compromised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are any of your animals on steroids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

TYPES OF FOSTER ANIMALS

Please check which any/all animals you would like to foster:	<i>(information in brackets are the estimated maximum time you would be fostering, unless otherwise agreed upon)</i>
<input type="checkbox"/> Dog	<input type="checkbox"/> mildly sick/injured in need of recuperation/recovery (up to 6 months) <input type="checkbox"/> Nursing mom with litter (up to 3 months) <input type="checkbox"/> Pregnant mom with litter to follow (up to 5 months) <input type="checkbox"/> Orphaned (up to 2 months) <input type="checkbox"/> Orphaned bottle feeders (up to 2 months) <input type="checkbox"/> Puppies requiring vaccination quarantine (up to 3 weeks) <input type="checkbox"/> Dogs needing socialization (up to 6 months) <input type="checkbox"/> Adoption dogs requiring temporary housing during emergency crisis (up to 6 months)
<input type="checkbox"/> Cat	<input type="checkbox"/> mildly sick/injured in need of recuperation/recovery (up to 6 months) <input type="checkbox"/> Nursing mom with litter (up to 3 months) <input type="checkbox"/> Pregnant mom with litter to follow (up to 5 months) <input type="checkbox"/> Orphaned (up to 2 months) <input type="checkbox"/> Orphaned bottle feeders (up to 2 months) <input type="checkbox"/> Cats needing socialization (up to 6 months) <input type="checkbox"/> Adoption cats requiring temporary housing during emergency crisis (up to 6 months)
<input type="checkbox"/> Other	<input type="checkbox"/> Rabbits (accompanied with any directions/length of stay) <input type="checkbox"/> Guinea Pigs (accompanied with any directions/length of stay) <input type="checkbox"/> Birds (accompanied with any directions/length of stay) <input type="checkbox"/> Reptiles (accompanied with any directions/length of stay)
Are you comfortable administering medication? (with instructions from shelter)	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES OR ADDITIONAL INFORMATION

Please list any references or additional information that you may feel will be important to being an animal foster caregiver.

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AGREEMENT BETWEEN CAMBRIDGE & DISTRICT HUMANE SOCIETY (CDHS) AND FOSTER CAREGIVER

Please initial beside the following statements:

I will adhere to all documents pertaining to my foster animal and carefully follow all instructions that have been provided to me.	
I will not introduce my foster animal to any other animals other than my own.	
I will isolate my foster animal from my own animals if requested by the shelter.	
I will not travel outside of the City of Cambridge with my foster animal.	
I will not transfer custody of my foster animal to another person, shelter, humane society, SPCA or other entity without the prior consent and permission of the CDHS.	
I will not place my foster animal in another home without prior consent and permission of the CDHS whether it be temporary or permanent.	
I will report any bite/scratch from the foster pet immediately to the CDHS.	
I will arrange with the CDHS for any and all veterinary care for my foster animal.	
I agree that a representative of the CDHS may contact my veterinarian to confirm the information provided regarding my pet is accurate and I consent to my veterinarian's release of such information.	
I will return the animal to the CDHS within 24 hours of the request.	
I will provide access to the CDHS to my home (within 24 hours of the request) to check on the foster pet at any time while I am in possession of the foster pet.	
I understand the CDHS cannot guarantee the health and or temperament of the foster animal.	
I understand my foster animal is at all times owned by the CDHS and any and all decisions made with respect to my foster animal will be at the discretion of the CDHS ONLY.	
I understand my foster animal may be humanely euthanized at the discretion of the CDHS and/or a veterinarian.	
I understand that I am responsible for all expenses incurred with my foster pet and the CDHS will not reimburse for any expense without prior written consent.	
I agree that accidental animal bites or other injuries to humans and/or other animals do occur and agree to hold harmless and indemnify and protect the CDHS from any claim or suit filed by someone as a result of such incident. In addition, the CDHS will not be held responsible if the foster pet should damage/destroy property belonging to the Foster Caregiver, Caregiver's household or if the foster pet should transfer any disease, internal/ external parasites to other animals/ people in the Foster Caregiver's household. I understand that if I am approved for fostering, this declaration represents a legal contract between the CDHS and myself. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with the CDHS.	

ADDITIONAL INFORMATION REQUIRED

Please submit the following documents to the CDHS to be considered for a foster parent position

Completed Cambridge & District Humane Society Foster Care Program application form	
Written consent from landlord, including their details	
Veterinary proof of spay/neuter and up to date vaccinations for any/all pets currently owned	

RELEASE AGREEMENT

I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the CDHS Foster Care Program.

Name:

Signature:

Date: