



Community Animal Rescue Effort

**DOG & PUPPY
FOSTER CARE APPLICATION**

Please answer the following questions to help us understand your background as well as the type of foster home you can provide for our animals.

TELL US ABOUT YOU

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

1. Are you at least 21 years of age? Yes No If no, what is your birth date? _____
2. Are you able to transport the animal(s) if needed for adoption hours, medical care, training, etc? Yes No
 Drivers License Information: State: _____ License Number: _____

TELL US ABOUT YOUR HOME

3. Type of Housing: House Townhouse Apartment/Condo Other
 If you live in an apartment/condo, have you approved your foster status with the landlord or condo association?
 Yes No
4. How long have you lived at this address? _____

5. Please list all other individuals living in your home:

Name	Relationship	Age	Health Concerns/Issues (Allergies, Mobility, etc.). If any, please be specific

6. How would you describe the activity level in your home? _____
7. Which member of the household will be the primary caretaker of the foster animal(s)? _____
8. Are all household members in agreement with bringing a foster animal into the home? Yes No
9. What length of time can you foster an animal? _____
10. Would you be able to provide complete separation of C.A.R.E. foster animals from your own? Yes No
11. Are you prepared to deal with the clean up and/or potential damage caused by a foster animal? Yes No
 Are you able to work with harsh cleaning chemicals such as bleach? Yes No
12. Please check the type(s) of dog(s)/puppy(s) you would be interested in fostering:

<input type="radio"/> Litter of Orphaned Puppies (Orphaned under 4 weeks, may require bottle feeding every few hours and weaning.)	<input type="radio"/> Hospice (Older animals with medical issues but still enjoy quality of life. May require medications or special diets.)
<input type="radio"/> Mother & Litter of Puppies	<input type="radio"/> Special Needs (Medical)
<input type="radio"/> Puppy (Under 1 year)	<input type="radio"/> Special needs (Behavioral)
<input type="radio"/> Adult Dog	<input type="radio"/> Injured (Temporary Medical – broken limb, etc)
<input type="radio"/> Multiple Adult Dogs (Bonded pairs, etc.)	<input type="radio"/> Under Socialized
13. If you can foster a litter of puppies, approximately how many are you able to foster at a time? _____

14. Dogs and puppies sometimes come to us with fleas, ear mites, ringworm, diarrhea, etc. Are you able to dispense oral and/or topical medication and provide basic medical treatment? Yes No
15. You will need to pay attention to signs of illness or worsening of symptoms and call C.A.R.E. if you are concerned. Are you able to monitor the health of the foster animals? Yes No
16. Can you get to a C.A.R.E. approved vet quickly in case of an emergency? Yes No

C.A.R.E. has designated local vets who provide veterinary services for the rescue. If the animal(s) you are fostering requires medical attention, you will need to get approval from the Foster Coordinator and transport the animal to the vet for care. In the case of an emergency where the animal's life is at risk, the animal should be taken immediately and the Foster Coordinator notified as soon as possible. If the emergency takes place afterhours or during a holiday, the animal can be taken to Blue Pearl (Skokie) on Dempster.

17. What behavior problem(s) are you not willing to handle? (Please keep in mind that we can never be certain what type of behavior problems may exist until dog(s)/puppy(s) are placed in a home.) _____
- _____
- _____

18. How many hours will the foster dog(s)/puppy(s) be left by themselves during a typical day? _____

19. Where will your foster dog(s)/puppy(s) be kept during the day? _____

20. Where will your foster dog(s)/puppy(s) be kept at night? _____

21. Will you feel comfortable explaining to friends that these animals are not yours to adopt out and that they must go through the adoption process with C.A.R.E.? Yes No

If you are interested in helping to find homes for your foster dog(s)/puppy(s), refer your friends and family to the C.A.R.E. website www.carenorthshore.org to complete an adoption application.

22. Foster care providers are required to submit weekly progress updates regarding their foster dog(s)/puppy(s) to the Foster Coordinator. Do you agree to comply with this requirement? Yes No

23. Briefly describe your past experience in caring for dogs. _____
- _____
- _____

24. Why would you like to become a foster care provider for C.A.R.E.? _____
- _____
- _____

25. Have you fostered dog(s)/puppy(s) for other organizations? Yes No

If yes, which one(s)? _____

26. Do you agree to never give a foster dog/puppy any medication (prescriptive or herbal) without first consulting with a C.A.R.E. veterinarian or authorized C.A.R.E. personnel? Yes No

Do not offer aspirin, Tylenol or ibuprofen. Over-the-counter pain meds and anti-inflammatories can be very dangerous, even fatal, when used improperly in dogs.

27. Do you understand that all dog(s)/puppy(s) placed into foster homes belong to C.A.R.E. and must be returned immediately upon request? Yes No

28. Do you agree to keep all foster dog(s)/puppy(s) on a leash or in a securely fenced yard when outside? Yes No

29. Do you agree to notify C.A.R.E. if your foster dog(s)/puppy(s) exhibit any signs of aggression, health problems, or escapes from your home? Yes No

30. Do you agree to inform the foster coordinator of any changes in your address, phone, or foster status? Yes No

31. How did you hear about the C.A.R.E. foster program? _____

TELL US ABOUT YOUR PETS

32. Have you ever owned a pet? Yes No

Please provide information regarding your pet(s) past and present. If you've never owned pets, go to the next question.

Name	Species/Breed	Age	Sex	Neutered/ Spayed?	Still Own?	Declawed?	Describe where kept

33. If you have pets now or had them in the past, who is/was your veterinarian? _____
 Clinic or Animal Hospital _____ City/State _____

34. If you have dog(s) please indicate the last vaccination date for:
 Rabies _____
 DHLPP _____
 Bordetella (Kennel Cough) _____

35. May we call your vet to confirm your pet's medical history, vaccination status and spay/neuter? Yes No

TRAINING

C.A.R.E. embraces positive obedience training. Depending on the behaviors seen with the animal, you might be required to take the foster dog through an obedience class. C.A.R.E. foster dogs are never to be on prong collars or trained using harsh methods. Humane training tools and advice are available from the Foster Coordinator.

36. What would you do if your foster dog(s)/puppy(s) develops a problem with:
 Digging _____
 Inappropriate Chewing _____
 Excessive Barking _____
 Aggression _____

37. How do you plan to handle house training (if applicable)? _____

38. Do you have the knowledge to teach some basic obedience commands to the foster dog? Yes No

39. Will you have the time to socialize your foster dog with other dogs, people and surroundings? Yes No

40. How would you rate your patience level with an animal that might misbehave or have special needs? _____

41. Have you participated in a positive obedience dog training course? Yes No

42. How much time can you spend with the dog on a daily basis? _____

43. Do you have a designated area for toilet training? Yes No

44. On a scale of 1 to 5 (with 5 being most proficient), how would you rate your knowledge of canine training and behavior at the present time? (most proficient) 5 4 3 2 1 (least proficient)

45. As a foster provider, please indicate your responses to the following:

I will not use metal choke collars or prong collars on the dogs or employ harsh training. Agree Disagree

I will not strike or choke the dog in an attempt to discipline. Agree Disagree

I will not leave the dog outside in a yard or elsewhere without adequate adult supervision. Agree Disagree

I will not tie or chain the dog in the yard for long periods of time. Agree Disagree

I will not allow unknown people/animals to approach without being in full control of the dog and situation.

Agree Disagree

46. Are you willing to meet with a potential adopter either at your home or theirs? Yes No

47. Do you feel emotionally capable of letting go of animals? Yes No

ACKNOWLEDGEMENT

I hereby acknowledge that all the information provided above is correct to the best of my knowledge. I also understand and accept full responsibility for the health risks to my own animals and all who reside in my home.

As a volunteer/participant of the Community Animal Rescue Effort (C.A.R.E.[™]) (or as an adult parent of a volunteer/participant of C.A.R.E. under 18 years of age who is representing that minor's interests), I recognize and acknowledge that there are physical and other risks associated with acting as a volunteer/participant of C.A.R.E., which could include (but are not limited to) exposure to, contact with or injury from live animals such as cats and dogs. Some specific risks can include bites, scratches, torn skin, bruises, and damaged clothing or other property. I voluntarily agree to assume any and all risks that I sustain or may sustain as a result of volunteering/participating in any activities connected or associated with C.A.R.E., and hereby voluntarily waive any and all claims, damages or causes of action that I may have at any time against C.A.R.E. or its respective officers, directors, and invitees in connection with my volunteering and participating with C.A.R.E.

Foster provider agrees to indemnify and hold harmless Community Animal Rescue Effort (C.A.R.E.[™]) from any direct or consequential damages caused by foster animals in their care. This includes any and all manner of actions and causes of actions, suits, debts, dues, accounts, bonds, covenants, agreements, judgments, claims, and demands whatsoever arising out of or relating to the adoption, placement, and/or possession of the animal.

C.A.R.E. reserves the right to make home visits to check on the wellbeing of the animal we have placed in your care.

All basic medical and supply expenses will be the financial responsibility of C.A.R.E. Basic medical includes: Spay/Neuter, Age Appropriate Vaccinations, Heartworm Test, Microchip, Prescribed Medications. Basic supplies include: Dog Collar and Tag, Leash, Food, Toys, Sleeping /Carrying Crates and Bowls will be provided as necessary.

C.A.R.E. covers the medical expenses for all foster animals. However, our vet care costs are only discounted through particular vets and therefore they are the only clinic we currently use for routine care. With the obvious exception of a life threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, C.A.R.E. will not cover the cost of the visit. Thank you for your understanding.

Legal ownership of all C.A.R.E. foster animals remains with C.A.R.E. until such time as a proper adoption is completed. No foster animal may be adopted, transferred, or relinquished without the approval by authorized staff of C.A.R.E. Only authorized C.A.R.E. adoption counselors will conduct adoption interviews and process adoptions. Foster care providers will work cooperatively with C.A.R.E. to find the foster animal a permanent home as quickly as possible. If the foster provider decides that he/she would like to adopt the foster animal, the foster provider understands and accepts that the procedure for adoption will be the same for him/her as it would be for any other applicant, and the foster provider will be asked to sign the same contract and pay the required adoption fee.

A foster dog must wear his/her ID tag at all times, and must be on a leash when away from the foster home.

The foster care provider will immediately notify C.A.R.E. of any problems or difficulties resulting from taking care of the foster animal.

My signature indicates that I have read, understand and agree to abide by these terms.

Foster Applicant Signature

Date

Please return completed applications to: Community Animal Rescue Effort (C.A.R.E.)
Attn: Foster Coordinator
4927 Main Street
Skokie, IL 60077
Email: care@carenorthshore.org

On behalf of our animals, Community Animal Rescue Effort sincerely appreciates your interest in our Foster Program

C.A.R.E. FOSTER COORDINATOR USE ONLY — DO NOT WRITE IN THIS SPACE

Review Date	Comments
Interview Date	Comments
Home Check Date	Comments
<input type="radio"/> Approved <input type="radio"/> Denied	Comments

Foster Home License Application Date

Foster Home Coordinator



Community Animal Rescue Effort

Matching Pets With People Since 1987

C.A.R.E.[™], 4927 Main Street, Skokie, IL 60077 voicemail 847-705-2653 web www.carenorthshore.org