

 **Chautauqua County Humane Society Foster Application**

Date:

Name:

Daytime phone:

_____ # of People in Household

Cell phone:

_____ # of Adults

Evening phone:

_____ # of Children and ages

Animals that can be fostered (Please check all that apply)

Dogs

Horses/ponies

Puppies

Cows

Litters of puppies

Goats

Cats

Pigs

Kittens

Chickens/Geese

Litters of kittens

Others animals-list:

Birds- Please list types

Do you have bird cage(s) and other supplies?

Are you able to transport farm animals?

Do you have your own trailer?

Do you have a separate area for foster pets to be contained, away from your own pets? Please describe accommodations for foster animals:

For farm animals, is there a barn? If so, what size stalls? Fenced in areas and the size of them? Other accommodations?

Do you have pets of your own? Please list type of pets, number of pets, and a general description of their personality.

Have any of your own pets died within the last year? If so, when, and from what?

We require that your own pets have appropriate, current vaccinations to protect both them and the foster pets. Please provide copies of up-to-date veterinary records. Dogs must have DHLPP, Bordatella (kennel cough), and rabies. Cats must have FIP, FeLv, and be tested for Aids.

Name of your veterinarian:

How much time do you have to devote to foster care? Please list your working hours, other commitments, etc.

Special needs animals

Some animals may require special feedings or medications. Would you be able to provide for "special needs" pets? Yes _____ or No _____

We will require a CCHS representative to visit before approving any foster home, to check for accommodations and veterinary records and to explain the program. There also may be follow-up visits. Will you consent to these visits?

Have you fostered for CCHS or any other organization before? If so, please list the organization you have fostered for, the types of animals, and the approximate dates.

Comments: If you have any special skills or restrictions we need to know. Please list here:

IN-HOME VISIT PERFORMED ON _____ by _____

Date

CCHS Representative