



FOSTER APPLICATION



IN ORDER TO BE CONSIDERED FOR FOSTERING A CAS ANIMAL YOU MUST:

1. Attend a Foster Orientation class
2. Be at least 21 years of age
3. Meet foster expectations

PLEASE UNDERSTAND THAT CAS RESERVES THE RIGHT TO REJECT AN APPLICANT FOR ANY REASON.

BASIC INFORMATION

NAME: _____ DATE: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER PHONE _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT: _____ PHONE #: _____ RELATIONSHIP: _____

Please list all family members that will be living with the animal. This includes Name, Relationship, Birthday (M/D/Y).

If a child, how old? _____

Is anyone in your home allergic to animals? YES _____ NO _____. Why do you want to foster animals for CAS?

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FOSTER APPLICATION QUESTIONNAIRE

WHAT TYPES OF ANIMALS ARE YOU INTERESTED IN FOSTERING?

CATS: ADULT CATS WEANED KITTENS MOM AND BABIES BOTTLE KITTENS

ARE YOU COMFORTABLE WITH GIVING MEDICATIONS? (ORAL AND INJECTIONS): Yes _____ No _____

DOGS: ADULT DOGS WEANED PUPPIES MOM AND BABIES BOTTLE PUPPIES

ARE YOU COMFORTABLE WITH GIVING MEDICATIONS? (ORAL AND INJECTIONS): Yes _____ No _____

How will the CAS animal(s) be isolated from other pets? _____

Where will CAS animals be kept during the day? _____ At night? _____

How many hours of the day are you usually away from home? _____

CURRENT PETS: PLEASE INCLUDE ALL PETS, INCLUDING SMALL CAGED AND BARNYARD ANIMALS.

TYPE OF PET AGE SEX SPAYED/NEUTERED? KEPT INSIDE OR OUTSIDE? DOG OR CAT FRIENDLY?

PET TYPE	AGE	SPAYED/NEUTERED	KEPT INSIDE OR OUTSIDE?	DOG/CAT FRIENDLY?

If you have cats, are they current on their vaccines? (Rabies, FVRCP, FELV) Yes ___ No ___

If you have dogs, are they current on their vaccines? (Rabies, Bordatella, DHLPP) Yes ___ No ___

Current Veterinarian Name: _____ Phone #: _____

Please note any additional information that will assist us in finding the proper foster pet for you: _____

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COLUMBIA ANIMAL SHELTER FOSTER EXPECTATIONS

PLEASE READ CAREFULLY, INITIAL EACH LINE, AND SIGN TO INDICATE AGREEMENT

- Only designated CAS staff shall approve and place animals into foster homes. CAS must be notified as soon as possible of any changes in the status of either the animal in your care or the foster home environment you have indicated above. _____
- All animals placed in foster care will be examined, will have been given/will be given all necessary immunizations and will have been/will be scheduled to be spayed or neutered. _____
- All basic medical expenses will be covered by CAS. Authorized CAS staff must approve any unusual expenses. Basics include: Spay/neuter, age-appropriate vaccinations, heartworm test, FeIV/FIV test, microchip, and prescribed medications. Fosters are required to get CAS staff approval to transport the animal to the emergency clinic prior to transportation. _____
- All basic supply expenses will be provided by CAS. Basic supplies include:
 - DOG** - collar, tag and leash, food, and toys
 - CAT** - carrier, food, litter, litter box, litter scoop, and toys
- Foster animals are to be kept clean and sanitary for their health and wellbeing. Supplies with which they are housed and/or contained in, such as x-pens, crates, blankets and beds, should also be kept clean and sanitary for the same reason. _____
- Fosters are expected to give the CAS animal safe and adequate housing and care. A CAS foster dog must wear his/her ID Tag at all times (except underage puppies who do not go home with collars), and must be on a leash or in a secure pet carrier when outside of its foster home or its enclosed yard. Dogs should not be left alone, outside unsupervised. During transport, the rescued animal must ride inside the car. A CAS foster cat must live indoors only. CAS must be notified immediately if the animal in your care is injured or missing. _____
- Fosters are expected to follow medical and/or behavioral plans set forth by CAS staff. Fosters are expected to report any medical or behavioral concerns with 24 hours. _____
- Fosters are expected to exhibit professional conduct, timeliness and communication. Fosters are expected to arrive for appointments on time, as scheduled. _____
- Fosters are expected to care for the foster animal for the time agreed upon. If an emergency arises, contact CAS to schedule a return to CAS. _____
- Legal ownership of all CAS animals remains with CAS until such time as proper adoption is completed. Only authorized representatives of CAS will conduct adoption interviews and process adoptions, transfers or relinquishments. Fosters are expected to comply with the adoption process. If a foster finds a suitable adoptive home for their animal, they will contact CAS before the animal is returned to CAS for surgery and the potential adopter will go through the CAS adoption process.

Foster name (printed): _____

Foster Signature: _____ Date: _____

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RELEASE OF LIABILITY

PLEASE READ CAREFULLY, INITIAL EACH LINE, AND SIGN TO INDICATE AGREEMENT

- I/WE HAVE READ AND FULLY UNDERSTAND THE CAS FOSTER EXPECTATIONS. _____
- I/WE UNDERSTAND THAT ALL RESCUE VOLUNTEER WORK DONE WITH CAS IS AT MY/OUR OWN RISK. _____
- I/WE, _____ HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE CONDITIONS OF THE CAS FOSTER HOME AGREEMENT & GUIDELINES. I/WE UNDERSTAND THAT ALL WORK DONE WITH CAS AND THIS FOSTER AGREEMENT IS AT MY/OUR OWN RISK, AND THAT I/WE ASSUME SUCH RISK FREELY AND VOLUNTARILY. I/WE HEREBY RELEASE CAS AND ITS AGENTS AND EMPLOYEES OF ANY AND ALL LIABILITY, PROPERTY DAMAGE, AND MEDICAL COSTS WHILE I/WE AM/ARE PROVIDING VOLUNTEER FOSTER CARE FOR CAS. I/WE, HEREBY FOR MYSELF (OURSELVES), HEIRS, ADMINISTRATORS AND ASSIGNS, FULLY, IRREVOCABLY AND UNCONDITIONALLY RELEASE AND AGREE TO HOLD HARMLESS CAS AND ITS INDIVIDUAL MEMBERS FROM ANY AND ALL KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, SUSPECTED OR UNSUSPECTED CAUSES OF ACTION, CHARGES, SUITS, DEBTS, DEMANDS, CLAIMS, LIABILITIES, LOSSES, COSTS, EXPENSES (INCLUDING, WITHOUT LIMITATION, ATTORNEYS' FEES) OR DAMAGES, INCLUDING BUT NOT LIMITED TO ANY MEDICAL COSTS, DAMAGE TO PROPERTY, PERSONS OR OTHER PETS, OF ANY AND EVERY KIND, NATURE AND DESCRIPTION, AT LAW OR IN EQUITY, IN CONNECTION WITH OR ARISING FROM WHILE I AM CARING FOR THE AGREED RESCUE COMPANION ANIMAL.

FOSTER VOLUNTEER SIGNATURE(S) _____ **DATE** _____

FOR OFFICE USE ONLY

• Completed Application _____ • Declined/Approved _____



COLUMBIA
ANIMAL SHELTER

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