



COLUMBUS HUMANE SOCIETY, INC.

P.O. BOX 742
WHITEVILLE, NC 28472
(910) 640-3700

FOSTER APPLICATION

APPLICANT'S FULL NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____ PHONE #: _____

EMPLOYER: _____ PHONE #: _____

OTHER HOUSEHOLD MEMBERS? _____

DO YOU RENT OR OWN YOUR HOME? _____

IF RENTING, LANDLORD'S NAME: _____ PHONE #: _____

WHAT TYPE OF DWELLING? APARTMENT _____ CONDO _____ SINGLE FAMILY _____ TRAILER _____

IS THE YARD FENCED? _____

DO YOU HAVE OTHER PETS OF YOUR OWN? _____ IF SO, DESCRIBE THEM _____

ARE ALL OF YOUR PERSONAL PETS UP TO DATE WITH REQUIRED VACCINATIONS? _____ LIVE INDOORS? _____

SPAYED/NEUTERED? _____ FLEA/TICK PREVENTION? _____ HEARTWORM PREVENTION? _____

YOUR VETERINARIAN'S NAME: _____ PHONE: _____

GUIDELINES OF FOSTER CARE PROVIDER:

1. I UNDERSTAND THAT I AM THE CUSTODIAN OF A COMPANION ANIMAL WHICH IS THE PROPERTY OF THE COLUMBUS HUMANE SOCIETY.
2. I AGREE TO CONTACT THE FOSTER CARE COORDINATOR IMMEDIATELY IF MEDICAL ATTENTION IS REQUIRED, AND TO TRANSPORT THE ANIMAL TO THE VETERINARIAN IMMEDIATELY IF INSTRUCTED TO DO SO. I WILL RECEIVE PRE-APPROVAL FOR THE NECESSARY COST OF THIS MEDICAL CARE.
3. I WILL ASSIST WITH SCREENING POTENTIAL ADOPTERS.
4. I AGREE TO TRANSPORT THE DOG/CAT TO ADOPTION FAIRS AND TO PETSMART ON NEW CENTRE DRIVE, WILMINGTON, NC EVERY SATURDAY FROM 11 AM - 4 PM.
5. I AGREE TO NOTIFY THE COLUMBUS HUMANE SOCIETY IF I NEED RESPITE OR LONG-TERM CARE FOR THE ANIMAL FOR WHICH I HAVE ACCEPTED FOSTER CARE RESPONSIBILITY.
6. I AGREE TO MAKE DECISIONS IN THE BEST INTEREST OF THE ANIMAL IN MY CARE AT ALL TIMES.
7. I AGREE TO PROVIDE THE ANIMAL IN MY CARE WITH ADEQUATE FOOD, WATER, CUSTODIAL CARE, EXERCISE, SHELTER AND ATTENTION.
8. I AGREE TO PROVIDE AN ENVIRONMENT OF SAFETY AND SECURITY FOR THE ANIMAL WHICH IS ENTRUSTED TO MY CARE AND NOT LET ANYONE ELSE TAKE CARE OF THIS ANIMAL WHO HAS NOT COMPLETED A FOSTER APPLICATION WITH THE COLUMBUS HUMANE SOCIETY, INC.
9. I AM WILLING TO HOUSE TRAIN AND CRATE TRAIN MY FOSTER DOG.
10. I WILL ATTEND FOSTER PARENT TRAINING AND MEETINGS IN ORDER TO PROMOTE COMMUNICATION AND EDUCATION WITHIN THE GROUP AS WELL AS THE COMMUNITY.

I AGREE TO COMPLY WITH THE FOSTER CARE PROVIDER GUIDELINES, OF THE COLUMBUS HUMANE SOCIETY, INC. AS LISTED ABOVE AT ALL TIMES.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

PHONE #: _____

CHS MEMBER: _____

DATE: _____