

Caroline County Humane Society, Inc.  
407 West Bell Street  
Ridgely, MD 21660  
410-820-1600  
410-820-1110 (fax)  
<mailto:info@carolinehumane.org>

**FOSTER CARE APPLICATION**

**Interested in fostering: DOG CAT PUPPY KITTEN**

Please indicate your preference of a male or female\_\_\_\_\_

Name:\_\_\_\_\_Spouse/Partner:\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home Phone\_\_\_\_\_Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_Email: \_\_\_\_\_

If you have children, please list ages: \_\_\_\_\_

How Long Have You Lived At Your Current Address\_\_\_\_\_

Do you rent or own this Property\_\_\_\_\_

If rent, name and phone of Landlord:\_\_\_\_\_

What type of house: Single Family, Condo, Townhouse\_\_\_\_\_

Fenced Yard:\_\_\_\_\_Type & Height\_\_\_\_\_

**Current Pets:**

<b>Name</b>	<b>Dog/ Cat/Breed</b>	<b>Spayed /Neutered</b>	<b>Vaccinations current</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Previous Pets:**

**Name                      Dog or Cat   Spayed/Neutered   What happened to this pet?**

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Veterinarian's Name and Phone Number: \_\_\_\_\_

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How many hours will the dog/cat be left alone \_\_\_\_\_

Where will dog/cat be kept during: DAY \_\_\_\_\_

NIGHT: \_\_\_\_\_

When alone: \_\_\_\_\_

Do you own a dog crate: YES      NO

Have you ever fostered an animal before: YES      NO

If Yes, for whom \_\_\_\_\_

Are you willing to foster until a forever home can be found \_\_\_\_\_

Can you provide transportation to and from Vet appointments, adoption days, to and from shelter if needed \_\_\_\_\_

Are you willing to have a potential adopter visit the animal at your home: YES      NO

We will attempt to provide you with an honest evaluation of the temperament of the dog we have placed in your foster care. Do you realize that there are times when complete history of an animal may not be known and you may encounter some behavior problems with the fostered animal: YES      NO

Are you willing to work with us on these problems: YES      NO

Are you willing to attend training classes with your foster dog (at no cost to you): YES      NO

By signing below, I am attesting to the truthfulness of my answers. I understand that falsifying any information above will be grounds to deny my application to foster an animal for CCHS. I am over age 21 years.

Signature \_\_\_\_\_

Date: \_\_\_\_\_