



Central Brevard Humane Society
1020 Cox Road Cocoa, FL 32926
Phone: (321) 636-3343 Fax: (321) 636-0127
www.crittersavers.com

Foster Care Application

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Telephone: (H) _____ (W) _____ (Cell) _____

Which number is the primary number where you can be reached 8:00a.m. – 5:00p.m.each day?

(H)____ (W) ____ (C) _____

Email address: _____

Have you completed the Volunteer Orientation? Yes ____ No ____ When _____

Have you attended our Animal Handling course? Yes ____ No ____ When _____

HOUSEHOLD INFORMATION

Living accommodations:

____ Rent ____ Own home ____ Other

Does your lease allow pets? ____ Yes ____ No

Do you have a fenced in yard? ____ Yes ____ No

Do you have screens on all windows? ____ Yes ____ No

Name and phone number of landlord: _____

How many children at home? _____

What are their ages? _____

ANIMAL INFORMATION

Do you have other pets now? ____ Yes ____ No

How many? _____

Breed(s): _____

Sex (s): _____

Name (s): _____

Age(s): _____

Are all of your pet's vaccines current? _____

Are they spayed/neutered? _____

If you do not own pets now, have you had pets in the past? _____ Yes _____ No

If yes, where are they now? _____

Please list the name and phone number of your veterinarian. (We will be calling for a reference.)

Foster Preferences:

Below is a list of different foster categories. Please indicate which of the following types of fosters you'd be interested in:

1. Mother with nursing young Yes No

Mother will need to be kept with young at least until they are weaned at 4-5 weeks of age.

2. Underage, self-feeding animals Yes No

Animals under 8 weeks of age may require two to six weeks of care.

3. Injured or sick animals Yes No

Animals in this category will probably need medication(s), special housing circumstances, and ongoing medical care that requires keeping medical appointments. The foster period could require from two weeks to two months of rehabilitation and care depending on the circumstances.

4. Behavior Modification Animals Yes No

These animals could be young and in need of additional socialization before they will be ready for adoption or they may be older and require observation and/or rehabilitation in a home environment.

Which of the following are you able to accommodate in your home? (Check all that apply.)

Adult large dogs: Yes _____ No _____ How many at once? _____

Adult Small dogs: Yes _____ No _____ How many at once? _____

Puppies: Yes _____ No _____ How many at once? _____

Adult cats: Yes _____ No _____ How many at once? _____

Kittens: Yes _____ No _____ How many at once? _____

(Litters can range in number from 2-8)

If caring for an unweaned kitten/puppy, will you be able to feed replacement formula every 2 - 4 hours?
_____ Yes _____ No

Do all household members agree to fostering animals? Yes _____ No _____

Please list all members of household including ages: _____

Who will be working with the foster animal(s)? _____

As part of the Foster Care Program a home visit is required. Do you agree to this home visit?

Yes _____ No _____

Work Schedule 35+ Hours/week _____ 20-34 hours/week _____

Less than 20 hours/week _____ Do not work _____

How many hours per day will you have to spend with your foster animal(s)? _____

Where in your home will you keep your foster animal(s)? _____

What will the care arrangements be when you are not at home? _____

How would you describe the activity level in your home? (1 – 5, 1= very quiet, 3=varies, 5=very active)

Do you have prior experience with foster care?

Yes _____ No _____

If yes, please explain: _____

Are you comfortable with spaying/neutering as early as 8 weeks of age? _____

Are you willing to administer medications should the foster animal(s) require them?

Yes _____ No _____ Pills _____ Liquids _____ Ointments _____ Eye/Ear Drops _____

Are you able to keep the foster animal(s) separate from your own animals? Yes _____ No _____

How did you hear about our Foster Care Program? _____

Please tell us about any experiences you've had either medically or behaviorally with animals in the past:

When are you available to start fostering? _____

Thank you for your interest in fostering an animal in need. Your offer to temporarily care for a shelter animal will allow the Central Brevard Humane Society to find loving homes for more adoptable animals. Pets can add fun, companionship, entertainment, and love to our lives. However, they are also a big responsibility. Please contact CBHS if you have any questions or concerns about your foster animal(s). This agreement may be terminated by either party at any time. Upon termination, all foster animals in your care must be returned to the Central Brevard Humane Society.

Applicant Signature _____ Date _____

Foster Care Coordinator Signature _____ Date _____