



TODAY'S DATE: _____

FILE NUMBER: _____

REQUEST TO FOSTER ANIMAL FORM

This form must be completed by all individuals / animal organizations wishing to foster an animal for CDART. The completion of this form does not guarantee that an animal will be placed with you. To foster an animal, the responsible party must be at least 19 years of age. This is not an Adoption Agreement. If an animal is placed with you, it is understood to be a temporary arrangement. CDART appreciates your interest in fostering an animal that is brought in to Rescue or temporary being housed while the guardian is in transition. In an effort to further protect the animals we have been involved in rescuing and sheltering, we take great care to ensure that the foster homes these animals go into will provide them with the proper daily care and lots of love. In addition, animals have other specific needs and we want to make sure their foster home can meet these needs. Making the decision to foster an animal is a big responsibility and we want to make sure that everyone in your household realizes this. Therefore, we will do everything possible to make sure this is the right match for you and the animal.

Applicant Name: _____		Applicant's Driver's License No: _____	
Street Address: _____		Mailing Address: _____	
City: _____	Code: _____	Province/State: _____	
Home Phone: _____	Fax: _____	Work Phone: _____	Fax: _____
Cell Phone: _____	Pager: _____	Email: _____	
Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, name of landlord and telephone number: _____	
Number of Adults in Household: _____		Number of Children in Household: _____	
Is this the address where the animal will be fostered?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where will the animal be fostered: _____	

Household Animals

Type	Number	Age	Altered

Information About Animals You've Had In The Past Five Years That You No Longer Have

Type	How Long Did You Have	Reason You No Longer Have Animal

Are there any animals on your property that are not altered? If yes, what? _____	Are there any animals on your property that are being treated medically? _____
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REFERENCES (Personal or Professional)

1. _____ Relationship: _____ Phone Number: _____
2. _____ Relationship: _____ Phone Number: _____

References Checked By: _____ Date: _____

Comments: _____

Why do you want to foster an animal? _____ _____ _____	Explain what type of animal you can foster. How many hours each day would the animal(s) you foster be left alone? _____
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	_____ Weekdays	_____ Weekends
Where would the foster animal be kept: _____ Indoors _____ Outdoors _____ Both _____ Paddock _____ Pasture _____ Stable Stall _____ Other: _____		
Do you have a fenced yard? _____ Yes _____ No	If yes, how high is the fence and is it secure?	
Are there children in the household? _____ Yes _____ No	If yes, how old are they?	
Is anyone in your household allergic to animals? _____ Yes _____ No If yes, how will this be addressed?	If so, what type of animals?	
How long would you be able to foster an animal? Emergencies (1 to 3 days) _____ Short Term (Less than 4 weeks) _____ Long Term (One month to 1 year) _____		
Are you willing and able to give medication prescribed by a veterinarian to an animal you are fostering? _____ Yes _____ No Experience?		
What are some reasons you might have to return a fostered animal.		
If the animal you are fostering needs emergency medical treatment and you are unable to reach someone at the Animal Intake site, where would you take the animal for treatment?	Veterinarian: Address: Phone:	Is this your regular vet? _____ Yes _____ No Assigned Vet: (CDART to advise.)
FACILITIES: (Yes/No/Describe)		
Birdcage/Aviary		
Aquarium		
Cage		
Room		
Kennel		
Pen		
Pond		
Coop		
Stall		
Paddock		
Pasture		
Other		
Restrictions:		
I hereby request to be considered as a Foster Family.		
_____	DATE: _____	
PRINT NAME		
_____	_____	
SIGNATURE	SIGNATURE	
Once final approval for Fostering animals has been authorized, a copy of this form will be sent to you by the CDART office.		
CDART FILES		
Approved By:	Date:	
Photos and Site Visit Done By: (attach photos)		