

Chautauqua County Humane Society Foster Care Application

Today's Date

Name :	People in Household: # Adults # Children & Ages
Address	Daytime Phone:
City, State, Zip:	Evening Phone:

Animals that can be fostered: (Please check all that apply, & how many you can foster)

Dogs: Puppies: Litter of Puppies:	Farm Animals: Horses/Ponies: Cows:
Cats: Kittens: Litters of Kittens:	Goats: Pigs: Chickens/Geese:
Birds: Please list types of birds:	Other: Are you able to transport farm animals? Do you have your own trailer?

Do you have a separate area for foster pets to be contained, away from your own pets: Please describe accommodations for foster animals:

For **Farm Animals** is there a barn? If so what size stalls? Fenced in areas and size of them? Other accommodations:

Do you have pets of your own? Please list number & types of pets and a general description of their personality:

Have any of your own pets died within the last year? If so, when and from what?

We require that your own pets have appropriate, current vaccinations to protect both them and the foster pets. Please provide copies of up-to-date veterinary records. Dogs must have DHLPP, Bordatella (kennel cough), and rabies. Cats must have rabies, FIP, FeLV, and be tested for Aids.

Home much time do you have to devote to foster care? Please list your working hours, other commitments, etc.

Special needs animals: Some animals may require special feedings, medications, or work on their behavior. Would you be able to provide for "Special Needs" Pets?

Have you fostered for CCHS or any other organization before? If so, please list the organization you have fostered for, the types of animals, and the approximate dates.

Comments: If you have any special skills or restrictions we need to know please list here:

We will require a CCHS representative to visit before approving any foster home to check accommodations and veterinary records and to explain the program. There also may be periodic follow-up visits. Will you consent to these visits?

In-Home visit performed on (date) _____ by (CCHS Representative) _____