



Phone 520-389-8875 – Email info@clawsandpawsaz.org

## Foster Caregiver Application

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Age, if under 21: \_\_\_\_\_

Thank you for your interest in the Claws & Paws Rescue (CPR) foster program. To ensure that this foster home placement is in the best interest to both you and the animals, we ask that you answer the following questions.

Have you ever been convicted of an animal-related offense?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you willing to spend the time and share the space to properly care for animals during foster care, including providing warm, dry bedding, transporting animals to the veterinarian and the adoption sites, and medicating the animals if necessary?  Yes  No

Shelter animals have sometimes been in neglectful and/or abusive situations and; therefore, may experience difficulty making the transition to a new foster home. Are you willing to be patient while the animal adjusts to your home?  Yes  No

Are you prepared to clean up elimination accidents, deal with destructive behavior such as clawing furniture or chewing, and tolerate interrupted sleep?  Yes  No

Do you feel emotionally capable of "letting go" of animals, regardless of the outcome?  Yes  No

Do you have liability insurance?  Yes  No

How did you hear about CPR? \_\_\_\_\_

What needy animals would you be willing to foster?

Mother with nursing young?	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other
Newborn animals requiring bottle-feeding?	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other
Young, self-feeding animals?	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other
Injured or sick animals?	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other
Adult animals?	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other

Specify the number of animals that you can foster: \_\_\_ Adult Cats \_\_\_ Kittens \_\_\_ Adult Dogs \_\_\_ Puppies

I prefer a foster animal that is:  Quiet  Moderately active  Very active

It's okay if the foster animal is:  Not good with cats  Not good with dogs  Not housetrained  
 Shy  Independent  Rambunctious  In need of ongoing medical attention

How long would you be willing to foster an animal?  As long as it takes  1-2 months  Emergencies only

What is your current living arrangement?  House  Apartment  Duplex  Manufactured Home  Condo  
 How long have you lived at the above address? \_\_\_ Years \_\_\_ Months You:  Live with parents  Rent  Own

Please describe any restrictions regarding pets to which you are subject by means of a lease or covenants, codes, and restrictions (CC&Rs), including size, weight, breed, or quantity restrictions:

Name of Association, Community, or Landlord: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Please list the following information for all persons living in your household (including self):

Name	Age	Occupation	Work or School Schedule	Notes (Animal allergies; physical or developmental limitations; special training or experience with animals)

Where will the foster animal(s) be kept during the day?  Loose indoors  Crate  Garage  Fenced yard  
 Loose outdoors  Tied up inside  Tied up outside  
 Outside run  Other (describe): \_\_\_\_\_

Where will the foster animal(s) be kept during the night?  Loose indoors  Crate  Garage  Fenced yard  
 Loose outdoors  Tied up inside  Tied up outside  
 Outside run  Other (describe): \_\_\_\_\_

Where will the foster animal(s) be kept when you are at home?  Loose indoors  Crate  Garage  Fenced yard  
 Loose outdoors  Tied up inside  Tied up outside  
 Outside run  Other (describe): \_\_\_\_\_

Do you have a fenced yard?  Yes  No Fence Type \_\_\_\_\_ Height (lowest): \_\_\_\_\_

Is this your first experience fostering an animal?  Yes  No

Does everyone in your home approve of your fostering animals for CPR?  Yes  No

Are any pets currently living in your home?  Yes  No

Can you effectively isolate or separate animals, if necessary?  Yes  No

Do you understand that fostering animals especially puppies and/or kittens require extra laundry?  Yes  No

Do you have a washer and dryer available? \_\_\_\_\_

Do you have a pet door ("doggie door")?  Yes  No

Have any adults in your household ever been the guardian of an animal that gave birth?  Yes  No

If yes, how many litters did the animal(s) have? Dog \_\_\_\_\_ Cat \_\_\_\_\_

What did you do with the offspring? \_\_\_\_\_

Please provide the following information for any pets in your home:

**Notes** (Contagious diseases, aggression towards other animals, training completed, licensed, etc.)

Name	Sex	Species/ Breed	Age	Vaccinations Current?	Spayed/Neutered?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How will you ensure the safety of the newly fostered animal as well as your existing pet(s) in regard to the initial stages and introduction of animals to one another? (Even the most calm and predictable pet may act out-of-character to a new animal.)

How will you encourage and reinforce appropriate behavior?

How will you correct elimination accidents (house training or litter training)?

How will you manage inappropriate chewing or digging (dogs) or clawing (cats)?

How will you manage inappropriate barking (dogs)?

How will you prevent or manage inappropriate aggression?

How will you manage separation anxiety?

Under what circumstances would you feel compelled to return a foster animal to CPR before he or she is adopted?

How many dogs or cats have you owned in the past 10 years that you no longer own? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats  
Please explain why these animals are no longer in your care (be specific).

Who is your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been an employee of, or volunteer for, another animal welfare organization? If yes, please explain: \_\_\_\_\_  Yes  No

Please list the names and phone numbers of three references (of those, please list at least two non-family references):

Name	Relationship	Phone

Why do you think you could provide a good foster home for CPR animals?

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By my signature below, I certify that the information contained in this application is true and correct and I understand that false information is grounds for terminating the foster relationship. I consent to CPR's approval process, which can include, but is not limited to contacting references, contacting animal control and other animal agencies, speaking with neighbors, and a home check. I authorize the release information about my ability to care for animals by my landlord, community association, neighbors, veterinarian, and references. I agree to allow CPR volunteers or Pima Animal Care Center employees to visit my home. I understand that this process is for the sole purpose of determining my suitability as a foster home. I understand that CPR reserves the right to refuse any applicant without reason or explanation.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_  
CPR Representative

Revised: 08-30-2015

CPR USE ONLY

Landlord approved or home ownership approved: Yes  No  Date \_\_\_\_\_  
Home check approved by \_\_\_\_\_ Date \_\_\_\_\_  
Vet reference check approved by \_\_\_\_\_ Date \_\_\_\_\_  
Personal reference comments \_\_\_\_\_  
Applicant approved  Yes  No by \_\_\_\_\_ Date \_\_\_\_\_  
Foster Manual given on Date \_\_\_\_\_ by \_\_\_\_\_  
Contract signed?  
Coordinator/Trainer comments: \_\_\_\_\_