

Cause For Paws Foster Application

PO Box 544, Byron, IL 61010
CauseForPawsRescue@gmail.com

Cause For Paws is dedicated to finding the very best homes for our rescue dogs. To meet this goal, we carefully scrutinize all applications for potential fosters. We check all veterinarian, landlord, and personal references. If you are serious about fostering any dog from our group, please complete the application IN FULL. Questions left blank will only slow the procedure. . ***Please note that since our mission is to reduce the pet overpopulation problem, we will not foster out any dog to homes with pets that are not spayed/neutered unless there is a reasonable explanation as to why the animal is not spayed or neutered (i.e., being shown in conformation, medical, etc.)*** Thank You.

Please CHECK or FILL IN the appropriate choices throughout this questionnaire.

| | | | |
|--|-------------|-------------|--|
| Date | | | |
| Name | | | |
| Address | | | |
| City | | | |
| State | | | |
| Zip | | | |
| Home Phone | Work Phone: | Cell Phone: | |
| Best time to call | | | |
| Email | | | |
| Driver's License # | | | |
| County | | | |
| Occupation | | | |
| Company | | | |
| Address | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Roommates <input type="checkbox"/> Under 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40-60 <input type="checkbox"/> 60+ | | | |
| How many adults in household? | | | |
| Children? | | | |
| Ages and gender of children in household? | | | |
| Do you <input type="checkbox"/> RENT or <input type="checkbox"/> OWN? <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer | | | |
| If you rent, do you have your landlord's permission to keep a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| How long at this address | | | |
| Landlord | Phone #: | | |
| Address | | | |
| Previous address if under 2 years | | | |

| |
|--|
| Why do you want to foster a dog? |
| <p>What is your experience level with fostering/rescue? Please check yes, no or fill in the blank.</p> <ul style="list-style-type: none"> • I have Volunteered or worked for an animal rescue group, shelter, etc. but not as a foster parent. <input type="checkbox"/> Yes <input type="checkbox"/> No • I have Volunteered or worked for an animal rescue group, shelter, etc. as a foster parent. <input type="checkbox"/> Yes <input type="checkbox"/> No • Were you able to foster the pet(s) until adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • If not, why not? _____ <p>If you answered yes to any of the above, please complete the following: Organization's name(s): _____ Organization's contact info: _____ Duration of employment and/or volunteerism: _____</p> <p>If you are no longer with this organization, why not? _____</p> <ul style="list-style-type: none"> • I have privately rescued and found homes for a pet or pets on my own: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please explain briefly: _____ • I currently have a pet or pets in need of a home: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please describe: _____ • Do you plan to foster for another Organization and/or privately rescue pets while fostering for CFP? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, do you understand and plan to implement proper Quarantine procedures to keep CFP pets safe? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, do you understand that these pets will be solely your financial responsibility, including any illnesses, parasites, injuries, etc. passed on to CFP pets while in your care? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you plan to stay committed to your foster pet(s) until s/he is adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you prepared for an extended adjustment period for you and a foster pet? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to work with a foster dog on behavior issues (e.g. housetraining or chewing) if such problems arise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any behavior or medical issues that you are NOT willing to work with a foster pet on? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the issues here: |
| If for some reason you are no longer able to foster a pet, do you agree to contact Cause For Paws immediately and return the pet only to us (or a CFP representative) within one week? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Please check yes, no or fill in the blank for each of the following statements:</p> <ul style="list-style-type: none"> • I agree to a home visit by CFP in my home before I begin fostering : <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to follow-up home visit by CFP in my home after I begin fostering for CFP: <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to attend adoption events at least once per month with current foster pets: <input type="checkbox"/> Yes <input type="checkbox"/> No • I am willing to foster sick or special needs pets: <input type="checkbox"/> Yes <input type="checkbox"/> No • I am willing to potty train foster pets in my care? <input type="checkbox"/> Yes <input type="checkbox"/> No • I am able to say when I have taken on too much and allow CFP time to fix the situation: <input type="checkbox"/> Yes <input type="checkbox"/> No • I am willing to foster a maximum number of fosters up to: _____ • I am willing to foster pets from a minimum age of _____ to a maximum age of _____. • I am willing to foster pets weighing a minimum of _____ lbs up to a maximum of _____ lbs. |

Please list all the animals you have owned for the past 5 years:

| | Animal #1 | Animal #2 | Animal #3 | Animal #4 |
|---|-----------|-----------|-----------|-----------|
| Animal's Name & Breed/Kind | | | | |
| Age | | | | |
| Sex | | | | |
| Spayed/neutered? | | | | |
| Still With You | | | | |
| If you no longer own the animal/s where are they now? Lost? Hit by car? Put to sleep/died? Why/How? Given away? Why? To whom? | | | | |

| | |
|---|---|
| Do you have a regular veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name | Clinic Name |
| Address | Phone: |
| Do you have a completely fenced yard suitable for a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a kennel run? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe fence/kennel, type, height, and approx. size | |
| If no fenced yard/kennel, how will you handle your dog's exercise and toilet needs? | |
| Do you have a suitable dog crate? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so what type |
| My dog will be housed in? | Please specify where your current animals are housed? |
| <input type="checkbox"/> Home | Animal # 1 (type): _____ is housed in? _____ |
| <input type="checkbox"/> Garage | Animal # 2 (type): _____ is housed in? _____ |
| <input type="checkbox"/> Basement | Animal # 3 (type): _____ is housed in? _____ |
| <input type="checkbox"/> Outdoors | Animal # 4 (type): _____ is housed in? _____ |
| <input type="checkbox"/> Tied-out | |
| <input type="checkbox"/> Crate | |
| <input type="checkbox"/> Outdoor kennel | |
| <input type="checkbox"/> Fenced yard | |
| How many hours per day will the dog be left alone and where will it be housed while you are gone? | |
| Whose responsibility will be the care of the dog? | |
| Do you have other visitors/family come to your home, human or animal with which a new dog will have to interact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Who, What? | |
| Is your lifestyle <input type="checkbox"/> Active or <input type="checkbox"/> Passive? | |
| What activities do you plan to do with your foster dog? | |
| Will your foster dog be crate/cage trained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------|
| Are you prepared for chewing, digging, scratching, housetraining, and/or mischievous behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How will you reprimand your foster dog? | |
| What behavior would cause you to return your foster dog to Cause For Paws? | |
| Do you have time, patience, love and physical ability to exercise a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have an age preference? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what age? |
| Do you have a gender preference? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what gender? |
| What is the name or names of the dog(s) you are applying for? | |
| How did you find Cause For Paws? | |

| | |
|---------------------------------------|-------|
| Please give us a NON-FAMILY reference | |
| Name | _____ |
| Address | _____ |
| Phone | _____ |
| Relationship | _____ |

| | |
|-----------------------------------|-------|
| Please give us a FAMILY reference | |
| Name | _____ |
| Address | _____ |
| Phone | _____ |
| Relationship | _____ |

I agree to abide by the Program and Policies set forth by Cause For Paws. I understand that any foster animal in my care may be removed from my home at any time with or without reason by or on the authority of CFP. I understand that CFP foster animals do not belong to me or my family. I understand that should I want to adopt a CFP foster animal, it will be at the sole discretion of CFP. I understand that I will have a strong influence in who shall adopt any foster animal in my care, but CFP has the final word in the foster pet's adoption. I understand that I am expected to follow up on all of my adoptions as needed and assist adopters through the adjustment period.

I am aware there is no guarantee, warranty or full knowledge of any rescued pet's health and temperament. I volunteer to accept the rescued animal in my charge as a humanitarian act and agree to release and hold harmless Cause For Paws from any and all liability or responsibility in connection with any pet(s) I agree to foster.

I agree to care for the dog responsibly (including, but not limited to: adequate food, water, shelter and love); to ensure dog is maintained on any medications provided by CFP; to ensure dog wears a collar and CFP identification tag at all times; to keep dog as a house pet, to be exercised in a fenced yard or on a leash, and not be allowed to roam off Foster parent's property; to not allow dog to ride in the open bed of a pickup truck or to otherwise place dog in positions of unreasonable risk of injury; that dog shall not be kept chained or tied and shall not be used as an outside guard dog;

I hereby agree that any money (adoption or general donations) that I collect or receive on behalf of CFP will be turned over to CFP. I agree to uphold a professional relationship with every contact I have through CFP, including, but not limited to vet clinics, potential adopters, other volunteers of CFP and other rescues. Furthermore, I promise that I will not conduct myself in any manner which could reflect badly on CFP or any of CFP's volunteers. Last, I certify that I am at least 18 years of age and a legal US citizen. I agree to include a photocopy of my current driver's license for verification purposes. I understand that this will be kept confidential and not shared.

I certify that all the information provided is complete and correct to the best of my knowledge:

Signature _____
 CFP Rep Signature _____

Submission Date _____
 Approval Date _____

Please mail completed application to:

Cause For Paws
 PO Box 544, Byron, IL 61010
 Or email to:

CauseForPawsRescue@gmail.com