## CANYON LAKE ANIMAL SHELTER SOCIETY 2170 Old Sattler Road, Startzville, TX 78133 (830) 899-2527 Fax#: 830-620-7952

(830) 899-2527 F

ANIMAL SHELTER SOCIETY

Email: canyonlakeanimalshelter@gmail

## FOSTER HOME CARE APPLICATION FORM

Date:						
Are you at l	least 18 years of age? _			Occ	cupation:	
It					oorarily own or tr helter life for spe	ry out a dog. ecifically selected dogs.
Dogs/cats s dog/cat you	selected for foster care wish to foster.	generally fit is	nto thr	ee broad c	ategories. Please	indicate which type(s) of
	ledical – recovering do nd personalized care t				nesses require tha	at they receive more attentive
	ehavioral – dogs/cats v yness, or excitability, v					barrier frustration,
	ostnatal – recovering r ery gentle care	nothers and un	iweane	d puppies/	kittens who ofter	n require bottle feeding and
Have you ev	ver fostered animals befo	re? YES	NO			
Why are yo	ou interested in fosterin	g a dog or cat	for CL	ASS?		
What dog e	experience do you hav	e?				
How many	hours would you leav	e the foster pe	t alone	during the	e day?	
Is there a p	lace in your home who	ere the foster p	et can	be kept iso	olated from your	family pets? YES NO
Current Pet			_	T		
Cat/Dog	Pet's Name	Breed	Age	Gender	Spay/Neutered	Where do they primarily stay?

Have you ever had a dog in your home that was	diagnosed with Parvovirus	or Distemper? YE	S NO				
If YES, when Describe circumst	ance:						
N7 II 1 11							
Your Household	Dala	ation	A ===				
Name	Kei	Age					
We use your current veterinarian as a reference. I	Please list the name and phor	ne number below.					
Office Number:							
Do you own or rent your home? <b>OWN RE</b>							
, , , , , , , , , , , , , , , , , , ,							
		Phone:					
We do home visits on every applicant who passes to Are you willing to let a representative from CLASS v	YES	NO					
	<b>,</b>		_,,				
Please read the following statements abo	out the Canine Foster P	rogram and init	tial next to them				
to indicate that you understand and agi							
<ul> <li>Like most shelter dogs, your have accidents in your home.</li> </ul>	foster dog may not be house	trained. You unders	tand that he/she may				
<ul> <li>Like many dogs, your foster of comfortable working with this behave</li> </ul>	<ul> <li>Like many dogs, your foster dog may chew on furniture, clothing, or other objects. You are comfortable working with this behavior.</li> </ul>						
<ul> <li>You agree to keep your foster</li> </ul>	<ul> <li>You agree to keep your foster dog on a leash or enclosed in a fenced-in yard or home at all times.</li> </ul>						
<ul> <li>Representatives for CLASS understand that you may be asked the honest and forthright regarding the</li> </ul>		m on your foster. You	the dog or cat. You ou agree to be entirely				
<ul> <li>All medical treatment will be</li> </ul>	covered by CLASS.	C .					
<ul><li>CLASS is the legal guardian authority in regards to the dog or cannot be a compared to the compared to the dog or cannot be a compared to the dog or</li></ul>		understand that CL	ASS has the final				
All foster parents must take part in a one-on-on approved, you will be contacted to schedule the	e meeting with CLASS Staf meeting.	f. When your app	olication is				
Please sign below to indicate that everything on t	his form is true and as comp	lete as possible.					
Signature:		Date:					