



Chicago Pet Rescue

Animal Foster Care Application

What type of animal(s) are you interested in fostering? (Please include age, size or breed restrictions)

Applicant

/Co-Applicant Information

Applicant's First Name: _____ Last Name: _____

Date of Birth: _____

Co-Applicant's First Name: _____ Last Name: _____

Date of Birth: _____

Street address: _____

City/State/Zip: _____

Main Phone #: _____ 2nd Phone #: _____

E-mail: _____

How long have you lived at this address? _____ Do you own? _____ Rent*? _____

Do you have Homeowner's or Renter's insurance? _____ Yes _____ No

*Landlord's/Condo board's name/email/phone: _____

Do you have a car and are willing to drive foster to vet/adoption events?

Yes No Willing to RENT car as needed.

How were you referred to Chicago Pet Rescue? _____

Family/Household Information

Number of adults in the household: _____ Relationships: _____

Have all the adults in the household agreed to foster an animal? _____ Yes _____ No

Number of children in the household: _____ Ages of children: _____

Have the children had pets before? _____ Yes _____ No

Is anyone in the household allergic to pets*? _____ Yes _____ No

*Who? _____

Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them.

Name	Breed	Age	Gender	Altered	Where are they now?
_____	_____	_____	__M__F	__Y__N	_____
_____	_____	_____	__M__F	__Y__N	_____
_____	_____	_____	__M__F	__Y__N	_____

Have you ever given an animal away or relinquished an animal to a shelter? __Y__N

*If yes, what were the circumstances? _____

Veterinarian Information

Please provide Veterinarian information for current and past pets:

Veterinarian's Name: _____ Veterinarian's Phone: _____

Additional Vet information: _____

When was your current pet's last visit to a veterinarian and why? _____

Foster Information

What room/space do you plan to use as a starter room/separation area for your foster for the first week(s)? Especially if you have other animals. _____

What length of time can you foster an animal? *

Until this foster is adopted Unlimited and as needed Limited time

Who in the household will be the primary care giver for the foster animal? _____

Where will the foster animal be kept during the day? _____

During the night? _____

How many hours per day will the foster animal be left alone? _____

How do you plan to deal with house training your foster animal? _____

For what length of time can you foster an animal? _____

How often can you foster an animal for Chicago Pet Rescue? _____

Have you ever fostered for another animal welfare organization*? __Y __N

*If yes, which one? _____

What would you do if your foster pet develops a problem with:

Digging: _____

Barking: _____

Chewing: _____

Aggression: _____

Animal Care Experience

Please describe any experience or training you have working with animals (include species):

Date

Applicant Signature

By submitting this application, I certify that the information I have given is true. I understand that Chicago Pet Rescue reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application.

Thank you for your application, Chicago Pet Rescue Please return by email foster@chicagopetrescue.org



Chicago Pet Rescue
Adoption Saves Lives