

COMMUNITY PET CENTER

FOSTER CARE APPLICATION

If you wish to volunteer to provide assistance for CPC in the area of fostering, please complete this application and return it to:

CPC
PO Box 623
Rutherfordton, NC
28139-0623
Phone: 828-287-7738

FOSTER CARE
APPLICATION

____ Approved

____ Denied

____ Pending

I understand and agree that I am volunteering my time and services to be a volunteer at no cost and I will not be compensated for either my time or services by CPC. I also understand that the Board of Directors in their sole discretion for any reason or no reason may remove me from this position at any time.

PERSONAL INFORMATION

Applicant Name: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Best Time to Call: _____

Preferred Phone Number for Calls: _____

Have you ever owned dogs before? ____ Yes ____ No

Are there any children in your home? ____ Yes ____ No

How Many? ____ What are their ages: _____

How many Adults are there: _____

Do you currently own dogs? ____ How many? ____ What sex? ____ Age? ____

What breeds? _____

Are your dogs spayed or neutered? ____ Yes ____ No

What other types of animals do you currently own? _____

DOG EXPERIENCE

The following questions help us assess your experience with dogs so that we can place an appropriate foster dog in your home. You do not need experience in all of these areas to be approved as a foster home.

Have you had experience: Crate training a dog? ____ Obedience training a dog ____

Weaning a litter? ____ Bottle-feeding puppies? ____ Modifying behavior problems? ____

Doing pet therapy? ____ Training a dog for livestock work? ____

Please list any other experiences that you feel will be beneficial while fostering our dogs.

NOTE: Use of a crate is strongly recommended.

What circumstances would force you to return a foster dog in your care?

Veterinarian Reference

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Personal References

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Credentials, if any (such as rescue volunteer or breeder): _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Credentials, if any (such as rescue volunteer or breeder): _____

Would you be willing to let one of our representatives visit your home by appointment? ___Yes ___No

If not, Why? _____

All of the above information I have given is true and complete. I understand that it is my decision whether or not to foster any particular dog. I will not hold CPC responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any dog I may decide to foster or volunteer my time to help.

Thank you for volunteering to become a foster home for CPC. One of our volunteers will contact you shortly. We look forward to working with you.

AT IT'S SOLE DISCRETION, CPC RESERVES THE RIGH TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.

Applicant Signature: _____ Date: _____