

COLUMBUS HUMANE SOCIETY, INC.

P. O. Box 742 Whiteville, NC 28472
(910) 640-3700

FOSTER APPLICATION

Applicant's Full Name _____ Phone: _____

Street Address _____

City _____ State _____ Zip _____

DL # _____ State _____ Cell Phone _____

Employer _____ Phone _____

Other Household Members _____

Do you rent or own your home? _____

If renting, landlord's name _____ Phone _____

What type of dwelling? Apartment _____ Condo _____ Single family _____ Other _____

Is the yard fenced? _____

Do you have pets of your own? _____ If so describe _____

Are all your personal pets up-to-date with required vaccinations _____ live indoors _____ spayed/neutered _____

Your veterinarian's name: _____ Phone _____

Guidelines of Foster Care Provider:

1. I understand that I am the custodian of a companion animal which is the property of Columbus Humane Society.
2. I agree to contact the foster care coordinator immediately if medical attention is required, and to transport the animal to the veterinarian. I will receive pre-approval for necessary cost of this medical care.
1. I will assist with screening potential adopters.
2. I agree to transport the dog/cat to adoption fairs.
3. I agree to notify CHS if I need respite or long-term care for the animal for which I have accepted foster care responsibility.
6. I agree to make decisions in the best interest of the animal in my care.
7. I agree to provide the animal in my care with adequate food, custodial care, exercise, and attention.
8. I agree to provide an environment of safety and security for the animal which is entrusted to my care.
9. I am willing to house-train and crate train my foster dog.
10. I will attend foster parent training and meetings in order to promote communication and education within the group as well as the community.

I agree to comply with the Foster Care Provider Guidelines, of the Columbus Humane Society, as listed above.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____