



## Foster Home Application

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

ID Type \_\_\_\_\_ ID# \_\_\_\_\_ State Issued \_\_\_\_\_

*(A photocopy of your ID is required to keep on file)*

Do you live in a **house** or **apartment**?

If you are renting, what is the name and telephone number of your landlord?

\_\_\_\_\_  
\_\_\_\_\_

What is the best way for us to reach you? \_\_\_\_\_

Is there someone else in your home that will be assisting you during your foster pet stay? If so, Who?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any resident pets? **Y or N**

How many and what kinds?

\_\_\_\_\_  
\_\_\_\_\_

If you have resident pets, who is your home veterinarian and what is their contact number?

\_\_\_\_\_

*We recommend your resident pets be current on vaccinations and be spayed/neutered.*

Are your pets spayed or neutered? **Y or N**

Are your pets up to date on their vaccinations? **Y or N**

What are the temperaments of your resident pets? (e.g. do they get along with other animals?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do your resident pets reside mainly indoors or outdoors? \_\_\_\_\_

Are you willing to allow the foster care staff to visit your home at an appointed time? **Y or N**

Is there anything special we should know about you and your home?

\_\_\_\_\_  
\_\_\_\_\_

Is there any time of year you will be unable to foster? \_\_\_\_\_



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What types of animals are you interested in fostering?

Moms & Puppies		Moms & Kittens	
Orphaned Puppies under 8 weeks		Orphaned Kittens under 8 weeks	
Puppies 8-20 weeks		Kittens 8-20 weeks	
Dogs over 20 weeks		Cats over 20 weeks	
Medical Needs Dogs		Medical Needs Cats	
Behavior Needs Dogs		Behavior Needs Cats	
Small Mammals (Rabbits, Guinea Pigs, Rats, etc.)			

How did you hear about the Foster Program? \_\_\_\_\_

Have you ever fostered before? **Y or N**

If so, where? \_\_\_\_\_

Can you tell us about your experience fostering?

\_\_\_\_\_

If you have never fostered before, can you tell us your experiences with animals you are interested in fostering?

\_\_\_\_\_

Orphaned puppies and kittens will require bottle feeding as frequently as every 2-3 hours. Will you be able to provide this time to them? **Y or N**

Do you have an area in your home where you can keep foster animals separate from your resident pets? **Y or N**

Do you have a fenced in yard? **Y or N**

The Cleveland APL Foster Program is able to provide supplies based on donations only and typically can only offer enough supplies to get a foster started. Are you able to provide any additional supplies to your foster animals other than what we are able to provide? **Y or N**

Are you able and willing to attend any mandatory training and information sessions for fosters? **Y or N**

\_\_\_\_\_



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Fostering is a responsibility and a privilege. The policies below are created to ensure the safety and health of the animals. Please read the policies below and understand these must be agreed to and met in order to foster for the Cleveland Animal Protective League.

1. I agree that, when taking an animal to foster for the APL, I will maintain possession of the animal for the duration of their foster time. If I am unable to continue fostering or have found a better suitor for the foster animal, I will arrange with Foster Care Staff to bring the animal back to the shelter to be sent to the new foster. I will not give an animal to another party without the shelter's knowledge or consent.
2. I agree to permit a representative of the APL to visit my home and observe where the foster animals will be kept separate from my pets at home.
3. I agree to keep foster pets separated from my own pets for the duration of their stay, for the health and safety of my own pets, as well as those in foster care. If I fail to so, I assume all responsibility of any additional medical expense to my resident pets and will not hold the APL accountable.
4. Upon request by the APL I will return the animals to the shelter within 24 hours or less.
5. I agree to foster the animals for the length of time deemed necessary by the veterinarian at the shelter in order for them to be placed up for adoption.
6. I agree to schedule with shelter staff when I will be bringing in foster animals for any reason (i.e. revaccinations, checkups, blood tests, or return for adoption). If I cannot make my scheduled time, I agree to notify the Foster Care Staff as soon as possible in order to reschedule for the next most convenient time.
7. If a foster animal gets sick, I will call the APL and bring it back to the shelter for a medical examination by the veterinarian as soon as possible.
8. I agree to provide my foster animals with the necessary medication as provided by the veterinarian.
9. I will assume all financial responsibility for the foster animal(s) if I take them to any veterinarian other than the APL when it has not been approved by the proper APL staff.
10. I agree that my foster animals are APL animals and that I will bring them in on schedule and agree to any medical decisions the veterinarian finds the most valuable for my foster animal.
11. I agree to follow the recommendations of the veterinarian if the situation should arise that the foster animal(s) are deemed unfit for adoption and must be euthanized. I understand that I will not be contacted for my consent.

*By signing below, I am stating that I have read and agree to all of the standards listed above. I understand that, should I consistently fail to follow these standards, I will be removed from the Foster List. I am also giving the Cleveland APL permission to verify any of the above information.*

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*Signature*

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*Date*

**Cleveland Animal Protective League**  
**Attn: Foster Care Program**  
**1721 Willey Ave.**  
**Cleveland, OH 44113**  
**Phone: 216-771-4616 x136**  
**Email: [foster@clevelandapl.org](mailto:foster@clevelandapl.org)**

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