

Chesapeake Cats & Dogs, Inc.

"Working to provide a life of love and dignity for all animals"

326 Wye Mills Road, Queenstown, MD 21658

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DOG FOSTER APPLICATION

Application is for (dog's name): _____

*If the dog you are interested in is not a good match or is no longer available, do you want to still be approved for fostering? YES NO

Why have you chosen this specific dog to foster?: _____

Adopter's Name: _____ Applicant's Age* _____

*Must be at least 21 years of age

Co-adopter/Spouse's Name: _____ Applicant's Age _____

Home Address (where the animal will be living):

Street: _____

City/State/Zip: _____

Telephone: (Preferred) _____ (Work/Other) _____

E-mail Address: _____

Names, ages and relationship of all household residents (in addition to listed above, roommates, etc.): _____



App Rev. _____ Vet check: _____ CS: _____ GE: _____ RP: _____ AC: _____ Approved _____ Declined _____

HOME

Type of dwelling: single family townhouse apartment/condo other: _____

Do you: OWN or RENT (please circle)

If you rent, do you have the approval to keep a pet from your landlord? YES NO

Landlord's name and telephone number: _____

How long have you lived at this address (if less than one year, provide previous address):

Is your yard fenced?: YES NO DO NOT HAVE A YARD

Please describe your fence, if applicable (height and material) _____

Where will the dog be kept when no one is at home?: _____

How many hours of the day will the dog be left alone?: _____

Do you have a doggie door and/or free access to the yard/outside? _____

Describe the activity level in your home: _____

Are there regular child visitors?: YES NO Frequency and ages? _____

Has anyone in the home been diagnosed with pet allergies?: _____

Where will the pet stay when you travel or are away?: _____



OTHER PETS

I would be: A first-time dog foster YES NO

Have you ever given away, sold, or surrendered a pet?: YES / NO

If yes, when and under what circumstances?: _____

Please list all current pets and former pets:

Pet #1: Type (cat/dog/other _____) Name/Breed: _____

Are they spayed/neutered? YES NO If not, why? _____

Still with you? If yes, what is the pet's age: _____; If no, what happened?

Pet #2: Type (cat/dog/other _____) Name/Breed: _____

Are they spayed/neutered? YES NO If not, why? _____

Still with you? If yes, what is the pet's age: _____; If no, what happened?

Pet #3: Type (cat/dog/other _____) Name/Breed: _____

Are they spayed/neutered? YES NO If not, why? _____

Still with you? If yes, what is the pet's age: _____; If no, what happened?

**If you have more pets please list on an additional sheet.

What kind of heartworm meds do you use _____

Flea preventatives do you use _____

What brand of food do/will you use*?: _____

**If necessary, CCAD can provide food for your foster, just let us know*

Will you be able to bring your foster to scheduled adoption shows? YES NO

Are you willing to speak with potential adopters for your foster? YES NO

Would you be able to take a foster dog to training classes?: YES NO Where? _____

What are your biggest concerns in fostering a dog?: _____



VET REFERENCE

Are you using a vet presently or have you used a vet in the last 2 years?: YES NO

If yes, please provide the contact information for your current vet:

Veterinarian
name: _____

Vet Hospital Name: _____

Address: _____

Telephone number: _____

Applicant hereby consents for *(name of veterinarian)* _____
to release any information requested by the CCAD rescue group regarding prior animals owned by
the applicant and veterinary care provided by the applicant.

(Signature of Prospective Adopter) Date: _____

Chesapeake Cats and Dogs (CCAD) does not guarantee that all prospective fosters/applicants will be approved. We reserve the right to choose the foster families we feel are most suited to the pet's needs at the time of placement. We evaluate all applicants on a case-by-case basis. People who are not approved may wish to re-apply at a later time when their circumstances change. In addition, we reserve the right to redirect applicants to a dog that better fits your lifestyle in order to have a successful adoption. If concerns present themselves at any time during the adoption process, we reserve the right to reevaluate your application.

Applicants, by signing below allow Chesapeake Cats and Dogs, Inc. to confirm the validity of the information provided herein, including contacting listed veterinarians.

_____ Date: _____

(Signature of Prospective Adopter)

Thank you for your interest in fostering for Chesapeake Cats and Dogs!