

COMPANION ANIMAL PLACEMENT PROGRAM

"Rescued" is our favorite breed!

VOLUNTEER AND CAPP PET (NON-ADOPTER) FOSTER APPLICATION

Name: _____ E-mail: _____

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

Home phone: (____) _____ Work phone: (____) _____ E-mail: _____

___ I want to be a member! The \$20 annual membership fee (\$30 family) is attached (check payable to "CAPP") membership fees help to offset our insurance costs

___ I want to be a volunteer! **(You must be at least 18 years old).** Check off all your areas of interest:

___ fund raising ___ distributing posters/fliers ___ assisting at adoption clinics
___ making telephone calls ___ fostering a dog/puppy* ___ fostering a cat/kitten*
___ conducting home visits ___ other (please describe) _____

* To apply to foster a CAPP animal(s), please complete the remainder of this form (both sides)

Thank you for your interest in CAPP!!

=====

Do you: (circle one) Own home Rent home **(If renting, you must provide proof that you can have pets)**

Employer=s Name/Address: _____ Work phone: (____) _____

Other adults in home (name/relationship): _____

No. of children in home: ___ Ages of these children: _____ Do other children visit regularly? ___

Is your household supportive of fostering? ___ Does anyone have allergies? ___ To what? _____

Can you foster an animal until it gets a home (could be up to 6 months)? ___ If not, for how long? _____

Please provide the following information regarding the dogs/cats residing in your home:

Type of Animal/ Time Male or Spayed or Vaccination If dogs, kind of If cats, are they:
Breed Owned Age Female? Neutered? Dates* hrtwrm prevent 1) Declawed? 2) FeLv neg?

*For dogs: Rabies & distemper combo inoculations; for cats: Rabies, distemper combo & feline leuk. inoculations

List other types of pets residing in your home: _____

Do any of your pets have any serious/chronic health problems? _____ If yes, describe: _____

Do you use monthly flea preventatives on your pets? _____ If yes, what kind? _____

Do you use lawn chemicals? ___ If yes, what kind? _____ How often are they applied? _____

Do your animals get yearly physicals? ___ Are they tested/treated for worms at least yearly? _____

Who is responsible for the care of your pets? Daily? _____ When you are on vacation?

Have you ever been a party in a civil suit? ___ If yes, describe: _____

Do you have any known health problems which may affect your ability to foster (e.g., back problem and cannot lift dog into tub, etc.)? ___ If yes, describe: _____

Are you going on vacation in the next 3 months? ___ If yes, when? _____ For how long? _____

(OVER)

Name, location and telephone number of your veterinarian: _____

Do you authorize us to contact the above veterinarian to verify your pet(s)= medical information? _____

YOUR DOG(S): Are your dog(s): Housetrained? (Circle one) Yes Variable No Crate trained? _____

Are your dog(s) good with: Other dogs? _____ Cats? _____ Other animals? _____

Do your dog(s) live (circle one): Inside Mostly Inside Mostly outside Outside

List any behavior problems your dog(s) have: _____

Have any of your dog(s) ever bitten/attacked a person? _____ If yes, describe incident(s): _____

How often do you feed your dog(s)? _____ times/day What do you feed (circle one)? Canned Dry Both

Are your dog(s) obedience trained? _____ If yes, what level obedience? _____ Do you compete? _____

Is your yard fenced? _____ If yes, height of fence: _____ feet If yes, fencing material: _____

YOUR CAT(S): Are your cat(s): Good with other cats? _____ Good with dogs? _____ Declawed? _____

Do your cat(s) live (circle one): Inside Mostly Inside Mostly Outside Outside

List any behavior problems your cat(s) have: _____

Have any of your cat(s) ever bitten/attacked a person? _____ If yes, describe incident(s): _____

How often do you feed your cat(s)? _____ times/day What do you feed (circle one)? Canned Dry Both

Why are you interested in becoming a foster home? _____

What **types of pets** would you foster? (Circle all that apply) **NOTE: Most are spayed/neutered prior to fostering**

Female dog Male dog Adult dog Puppy Pregnant or nursing dog w/litter Weaned litter (pups)

Female cat Male cat Adult cat Kitten Pregnant or nursing cat w/litter Weaned litter (kits) Other sm. pets

If fostering a dog: Number of daily walks you could give a dog: _____ Other exercise for dog: _____

From what **direct source** are you willing to foster? (Circle all that apply)

Owner surrenders Shelters Cruelty seizures Animals in CAPP program for at least one week

Circle all sizes of pet(s) you would foster: **Mini** 0-10lbs; **sm.** 10-30lbs; **med.** 30-45lbs; **lrg.** 50-75lbs; **giant** 75+lbs

If there are only specific breeds that you will foster, please list them: _____

Are you comfortable with, or are you willing to learn to do, the following: (circle all that apply)

Animals that are/were: Injured/ill Abused/neglected Shy/Standoffish Relatively hyper Other special needs

Bathe/groom Clip nails Give medications Housetrain/litter box train Provide basic manners

of days you are away from home each week _____; **# of hours the foster animal would be alone daily** _____

Where would the foster animal stay when you are away from home? _____

Will the foster animal be part of your household or kept separate? _____ If separate, where? _____

Do you own: 1) a cat carrier? _____; 2) a dog crate(s)? _____ If yes, plastic or wire? _____ Size(s): _____

Are you willing to transport a pet you are fostering to the vet, a home up to 1 hour away, clinics, etc.? _____

IMPORTANT: If you have other animals, ask for information on introducing new animals into your home!

By signing this application, I understand that CAPP is not responsible for any expenses which may be incurred as a result of fostering a CAPP animal, including but not limited to: any property loss or damage or any injuries, illnesses or parasite infestation to people or other animals.

Upon CAPP=s request or when returning the foster animal to CAPP, I will fill out and submit a Foster Home Questionnaire to help identify the best permanent home for the animal; I consent to a possible home visit before fostering; and I understand that I will be contacted periodically for an update to ascertain how the foster animal is adjusting--the best day(s)/time(s) to contact me: _____

Signature _____ Date: _____ Reviewed by: _____ & _____

Return this form to a CAPP volunteer or mail to: CAPP #279 Troy Road, Suite 9, Rensselaer, NY 12144
(518) 292-0555 CAPP is a 501(c)(3) not-for-profit corporation