

Friends of Chicago Animal Care & Control Foster Program Application

Please answer the following questions to help us understand your background as well as the type of foster home you can provide our animals.

Name _____ Date _____
 Home Address _____
 Phone # _____ Alternate Phone # _____
 Email Address _____
 Driver's License (State and number) _____ Birth Date _____

- ❖ Type of housing (please circle): House Apartment Condominium / Townhouse
 - How long have you lived at this address?
 - If Apartment or Condo, have you approved your foster status with the landlord or condo association?
 - Please provide contact information for landlord or association.

- ❖ Please list all other members of the household, their age, and relation to you:

- ❖ Have you consulted and received approval with all other members of the household regarding fostering?
- ❖ Which member of the household will be the primary caretaker of the foster animal(s)?
- ❖ Where will your foster animal be kept during the day?
- ❖ Where will your foster animal be kept at night?
- ❖ For what length of time can you foster an animal(s)?
- ❖ What kind of animals are you available to foster? Please check all that apply.

Animal	Yes/No	Situation	Yes/No
Puppy (under 1 year)		Too young	
Litter of orphaned puppies		Underweight	
Litter of puppies & mom		Illness	
Dog		Injured	
Kitten (under 1 year)		Socialization	
Litter of orphaned kittens			
Litter of kittens & mom			
Cat			

- ❖ If you can foster a litter of puppies or kittens, how many are you able to foster? *(Please keep in mind very young orphaned puppies/kittens may require feeding every few hours)?*

- ❖ How many hours will the foster animal(s) be home alone during a typical day?
- ❖ What would you do if your foster develops a problem with:
 - Digging?
 - Barking?
 - Chewing?
 - Aggression?
- ❖ How do you plan to handle house training (if applicable)?
- ❖ What behavior problem(s) are you **not** willing to handle? *(Please keep in mind that we can never be certain what type of behavior problems may exist until animals are placed in a home).*
- ❖ What experiences, if any, have you had with animals?
- ❖ Please provide information regarding your pet(s) past and present:

Name	Species/Breed	Age	Sex	Altered?	Current on Vaccinations?	Where are they?

- ❖ Have you fostered animals for another organization?
- ❖ If so, which one?
- ❖ What is the name and contact information of your current veterinarian:
- ❖ Why would you like to become a foster parent?

Please answer the following questions:

1. FCACC requires that all foster animals be kept separate from pets at home for a minimum of seven days. This is to reduce the risk to your own pets. Would you be able to separate FCACC foster animals from your own?
YES NO
2. Do you understand that all animals are placed in your home on a temporary basis and when the requests of FCACC have been met (i.e. when the animal is healthy or of the ideal age/size), the animal will be available for adoption or transferred to another shelter/rescue? (The foster provider will have the option to adopt the animal they cared for and/or help find their foster a forever home).
YES NO

3. Do you understand that all foster animals belong to FCACC and can be taken out of foster care at any time?
YES NO
4. Do you agree to keep all foster cats inside your home and all foster dogs on a leash at all times when outside of the home?
YES NO
5. Do you agree to notify the FCACC if your foster animal exhibits any signs of aggression, health problems or escapes from your home?
YES NO
6. Do you agree to inform the foster coordinator of any changes in your address, phone, or foster status?
YES NO
- ❖ How did you hear about the foster program?
- ❖ Please list your general availability to meet with the foster coordinator:
- ❖ Please feel free to ask questions about the program, or list any comments you would like to discuss with the foster coordinator:

Please return completed applications to:

**Friends of Chicago Animal Care & Control
 c/o Brenda Lang
 1056 N. Hoyne Ave., #1
 Chicago, IL 60622
 bjiveggie@yahoo.com
 773-772-4875 fax**

On behalf of the animals, Friends of Chicago Animal Care & Control thanks you for your interest in our Foster Program!

I hereby acknowledge that all the information provided above is correct to the best of my knowledge. I also understand the health risks to my own animals.

Signature(s)

Date

Foster Program Coordinator Use Only		
Review Date _____	Interview Date _____	Home Check _____
Comments _____		

First Foster _____	Licensing Fee Paid _____	