



Cumberland County Animal Shelter (CCAS) Foster Application

Primary Contact Information:

Name, First: _____ Name, Last: _____

Physical Address: _____
City State Zip

Email: _____ Phone 1: _____

Phone 2: _____

Co-Applicant at the Same Address (If Applicable):

Name, First: _____ Name, Last: _____

Physical Address: _____
City State Zip

Email: _____ Phone 1: _____

Phone 2: _____

Background information:

How did you learn about our foster program?

Friend: _____ County Employee: _____

Animal Group: _____ Volunteer Brochure

Other: _____

***Please print your name at the bottom of each page in the space provided:**

Name of Applicant: _____

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Please indicate the type of dwelling you live in:

- House – own
 Mobile Home – own
 Apartment – rent
 With Parents
 House – rent
 Mobile Home – rent
 Condo – rent

If you checked 'With Parents,' please provide name(s):

Phone:

If you rent or have a landlord/rental agency, they will be contacted to verify permission to foster pets.

This includes mobile home parks. If this does not apply to you, write N/A. Otherwise, please provide the following:

Name of complex or mobile home park: _____

Landlord / Agency Name: _____

Landlord / Agency Phone: _____

Whether you own or rent, do you have a fenced yard? Yes No

If yes, please indicate type AND height: _____

How many people currently live in your own home besides YOU? _____

Are there any children under the age of 18? Yes No

If yes, please indicate number and ages here: _____

Are all household members in agreement with fostering a pet? Yes No

If no, please explain **who** and **why** they are not in favor: _____

Do you run a daycare in your home? Yes No

If yes, please list the number and ages of children in your care: _____

Please list ALL animals in your care in the last FIVE years (include roommate's or relative's pets that may have resided in your home):

*Use the back of this page if more room is needed

Name: _____ Species: _____ Breed/Mix: _____ Age: _____ S/N? _____ Vaccinated? _____

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Name of Veterinarian Clinic used for Pet(s): _____

Address: _____

Phone: _____

*If your pet's records are not under your own name at the vet, please indicate whose name they are under:

Your Fostering Interests: Cat

Dog

Short-term foster to meet shelter's needs for up to 2 weeks

Short-term foster to meet shelter's needs for up to 2 weeks

Long-term foster until the cat is transported or there is room at the shelter

Long-term foster until the dog is transported or there is room at the shelter

Injured cat/kitten

Injured dog/puppy

Pregnant/nursing cat

Pregnant/nursing dog

Orphaned/Bottle-fed kittens until old enough for adoption

Orphaned/Bottle-fed puppies until old enough for adoption

With minor contagious illness that may require medications provided by the shelter

With minor contagious illness that may require medications provided by the shelter

During the day, where will your foster pet(s) be kept? (Check all that apply):

Indoors

Outdoors

Crate

Garage (Heated or Cooled? _____)

Kennel

Other: _____

During the night, where will your foster pet(s) be kept? (Check all that apply):

Indoors

Outdoors

Crate

Garage (Heated or Cooled? _____)

Kennel

Other: _____

Do you have a spare room to house animals if they need to be isolated?

Yes

No

If yes, what type of room is it? _____

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Your foster pet(s) will be without human companionship for how many hours per day and how many days per week?

Hours per day: _____

Days per week: _____

Who will be responsible for the feeding and daily care of the foster pet(s)? _____

What training methods would you use to handle potential problems like crying, barking, chewing, scratching, etc?
(REQUIRED)

Are you able and willing to buy dry and wet food, food dishes, bedding, or similar needed items for foster animals in your care? Yes No

Have you or your co-applicant ever been convicted of an animal-related crime or a crime against children?

Yes No

Personal References: (REQUIRED)

Please list TWO references that meet the following criteria:

- a) Knows you WELL b) Does NOT live with you c) Did NOT accompany you to the shelter

1.) REFERENCE ONE:

Name, First

Name, Last

Relationship to applicant

Phone

2.) REFERENCE TWO:

Name, First

Name, Last

Relationship to applicant

Phone

Name of Applicant: _____



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Waiver and Release

I hereby certify that the facts set forth in the above Foster Application are true and complete to the best of my knowledge and I authorize Cumberland County to verify the accuracy and to obtain reference information on my character. I hereby release Cumberland County from any and all liability of whatever kind and nature which, at any time, could result from obtaining and making a Foster Application decision based on such information.

Applicant Signature

Date

Witness Signature

Date