

Camano Animal Shelter Association

198 Can Ku Road Camano Island, WA 98282 CamanoAnimalShelter.org 360-387-1902

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals. Please ensure that ALL sections of this application have been filled out so that we may better serve you. We are excited that you want to help us save the lives of animals.

					Date:	
Applicant						
First Name:			_ Last Name:			_ Age:
Other Household Mem	nbers & Ages					
Residence (where pet	will be staying -	NOT a P.O). Box)			
Address:						
City:				State:	Zip:	
Years at residence						
Home Phone:			Cell:		(XXX-XX)	(-XXXX)
Email address:						
■ Which types of	f displaced ar	nimals mi	ght you be intere	ested in helning	?	
Kittens - bottle fed	a displaced di	· · · · ·	ppies - bottle Fed		*Bottle fed animals need to	
			opies - weaned & u	2	fed and pottied every 2-3 hours	
Kittens - weaned &	up I	1 1 4 5	Nursing or Preg Mom w/puppies			
Kittens - weaned & Nursing or Preg Mo	•	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	m w/kittens	Nur	· · · · · · · · · · · · · · · · · · ·	w/puppies		
Nursing or Preg Mo Cats - adults or seni Cats w/ medical nee	m w/kittens ors eds	Nur Dog Dog	rsing or Preg Mom gs - adults or senior gs w/ medical need	w/puppies s s		and for you to take an
Nursing or Preg Mo Cats - adults or seni Cats w/ medical nee	m w/kittens fors eds animals to you when	Nur Dog Dog	rsing or Preg Mom gs - adults or senior gs w/ medical need to you for foster help. You Y? Yes / No	w/puppies s can decline to foster an		· ·
Nursing or Preg Mod Cats - adults or seni Cats w/ medical nee CASA provides details of the Do you have of	m w/kittens ors eds animals to you when	Nur Dog Dog n we reach out	rsing or Preg Momess - adults or senior gs w/ medical need to you for foster help. You Yes / No Spayed/	w/puppies s can decline to foster an	Cats: Date tested	Indoor/Outdoor
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Do you live in an apartment / house / condo / other	Do you: rent / own
If renting please provide the Landlord's name and phone number for ve	·
Do you live with: Spouse/Partner Parents Roommates Alone	
Are there children in your home? Yes / No if yes, ages	
Where will the foster animal(s) be kept?	
During the day At night	
When you are not home	
Do you have a completely fenced yard? Yes / No	
What type of fencing? Height of the	shortest section?
How many hours per day will the foster animal be left alone?	
What will you do to prevent foster animals from becoming lost?	
Have you fostered animals in the past? Yes / No	For CASA? Yes / No
What types and for which organization(s)?	
Do you currently foster for any other organization or shelter? Ye	s / No
Please list:	
Why do you want to foster animals for CASA?	
Who is your current Veterinarian? (Name, Location, Phone Number	·)
Do you have any other experience that might be helpful to CASA's (Training experience, vet or vet tech, experience with other species, etc.)	

I UNDERSTAND THAT:

- All decisions regarding medical and special care plans will be made by CASA.
- All CASA approved care will be paid for by CASA.
- CASA has food and care supplies which will be made available at your request.
- CASA foster animals should always be separated from your personal pets for safety reasons.
- All medical and behavioral traits are not always known when an animal goes into foster care.
- All CASA animals receive basic vaccinations and cats are FeLV tested, but some may be too young for this to be done before entering the foster program.
- When the foster animal is old enough and/or ready for adoption they will come back to CASA for adoption.
- Anyone interested in adopting an animal you are fostering, including yourself, must go through the same standard adoption process at the shelter.

I have answered all the above questions truthfully and completely. I understand that although C.A.S.A. (Camano Animal Shelter Association) takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior, and/or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which C.A.S.A. has asked me to provide care. I indemnify and hold C.A.S.A. free and harmless from all liability arising out of any and all claims, demands, losses, damages, actions, judgments of every kind and description which may occur to, or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

I understand that if, for any reason, I can no longer care for or keep a foster animal, I must inform the shelter staff and bring the animal and it's provided care items back to C.A.S.A. during business hours.

I do understand that C.A.S.A., its staff members, and volunteer coordinator reserve the right to deny my application for any reason whatsoever, including but not limited to, false or untrue application information.

Applicant Signature:	Date:
Printed Name:	
Co-applicant Signature:	Date:
Printed Name:	
CASA USE ONLY	
Date application received:/	
Contacted by Volunteer Coordinator:/	
Notes:	
Notes:	