



Central PA Humane Society  
1837 East Pleasant Valley Boulevard  
Altoona, PA 16602  
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www.centralpahumane.org

## CENTRAL PA HUMANE SOCIETY - FOSTER ANGEL APPLICATION

Thank you for your interest in becoming a Foster Angel for C.P.H.S.! To be considered as a Foster Angel, please complete and sign the attached application. Pay particular attention to the Foster Requirements noted below, and initial each requirement individually.

### Foster Angel Requirements

- \_\_\_\_\_ All pets in the Foster Angel's household must be spayed/neutered and up to date on vaccines. Dogs are required to have Rabies, DHLPP and Bordetella. Cats are required to have Rabies and FVRCP, Feline Leukemia is also highly recommended. The purpose of having your pets fully vaccinated is so they are protected from any possible diseases that a foster animal may have.
- \_\_\_\_\_ C.P.H.S. makes every effort to advise Foster Angels of any illness/disease a foster animal may have, however in some cases these cannot be diagnosed until they present with coughs, discharge or other symptoms in the animal. Foster animals requiring medical attention will be seen by the C.P.H.S veterinarian. Foster Angels must contact CPHS to set up an appointment time to bring their foster animal in for examination. They must agree to treat their foster animal(s) medically should they become ill. This is usually simple, such as antibiotics, eye drops, or salve etc.
- \_\_\_\_\_ CPHS is not responsible for any medical costs incurred for any illnesses or diseases that Foster Angel's pets may incur. Foster Angels must take their pets to their own veterinarian for all medical treatment.
- \_\_\_\_\_ Foster cats and kittens must be isolated (i.e., in an extra bedroom) away from other pets. This is for the protection of the Foster Angels animals in their home.
- \_\_\_\_\_ Foster Angels must commit to keep their foster animal(s) for the full, estimated duration of fostering. However they may be required to return the animal(s) earlier than the agreed upon time period dependent on the medical/behavioral condition(s) of the animal.
- \_\_\_\_\_ Foster Angels must be able to return their foster animal for any potential adoption appointments at a time suitable for both Foster Angel and potential adopter.
- \_\_\_\_\_ Foster Angels are asked to provide food and supplies for their foster animal(s), this includes kitty litter for cats/kittens.
- \_\_\_\_\_ Foster Angels must foster animals indoors in a warm, dry area with appropriate bedding and must never allow the animal(s) to be tied outside unattended.
- \_\_\_\_\_ Foster Angels must contact C.P.H.S. immediately if animal(s) is/are deemed to be pregnant or has/have a litter of offspring for proper instructions.
- \_\_\_\_\_ Foster Angels must be emotionally able to return foster animal(s) at the end of the foster period when it is/they are ready for adoption. If the Foster Angel wishes to adopt their foster animal they must complete C.P.H.S's adoption application and pay appropriate adoption fees.
- \_\_\_\_\_ Foster Angels family members and friends who apply for a Foster Angel's animal(s) are not 100% guaranteed approval. They must go through the C.P.H.S. standard adoption process and meet adoption requirements.
- \_\_\_\_\_ C.P.H.S. reserves the right to do a home visit, prior to approving the applicant as a Foster Angel.
- \_\_\_\_\_ C.P.H.S. will not be responsible for any damage to Foster Angels property/animals/people by fostered animal(s) or liable for any damage done to other people's property/animals or other people. All responsibility is on the foster angel to take all necessary precautions to avoid possible damage to property/animals or people. C.P.H. S will not be liable for any legal action taken by third parties as a response of negligence by the Foster Angel.

**I have initialed and acknowledge the information on this page and agree to the Foster Angel Requirements noted above.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Applicant Occupation: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-Applicant Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
*No P.O. Box R. D's must include street name*

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Photocopy of Driver's License copy required:*

**Applicant Drivers License #** \_\_\_\_\_ **Co-Applicant Driver's License #** \_\_\_\_\_

1. Do you live in a: house mobile home apartment with parents  
dorm other \_\_\_\_\_

2. Do you **OWN** or **RENT** the home you live in? Own Rent

3. If renting a mobile home, who owns the lot? \_\_\_\_\_

4. Does where you live have any restrictions on pets: weight, type, or number?

No Yes If so, what are they? \_\_\_\_\_

Who is your landlord? \_\_\_\_\_ Phone # \_\_\_\_\_

5. List all the animals you have owned or lived with in the past five years.

TYPE (Dog, Cat, etc.)	PET'S NAME	BREED	GENDER	AGE	Spayed/ Neutered	How long owned?	Where are they now?
					Yes / No		
					Yes / No		
					Yes / No		

Name of Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

Pet Owner's Name on Record with Veterinarian: \_\_\_\_\_

I understand that I must supply all vaccination records for my pets to CPHS within 48 hours for consideration of my application. Failure to comply within 48 hours may result in revocation of my application. I am aware that prior to placement of a pet from the CPHS, my currently owned pets, for their protection, must be up to date on necessary vaccinations, including Rabies, DHLPP & Bordetella for dogs and Rabies & FVRCP (Feline Leukemia recommended) for cats.

**INITIAL TO ACKNOWLEDGE:** \_\_\_\_\_

6. Why are you interested in becoming a Foster Angel for C.P.H.S.? \_\_\_\_\_  
\_\_\_\_\_

7. How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of children: \_\_\_\_\_

8. How many hours a day do you spend at work? \_\_\_\_\_

9. While at work, how will the foster animal(s) spend its/their time? \_\_\_\_\_  
\_\_\_\_\_

10. What type(s) of dogs would you like to foster? (Choose as many as you wish)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Healthy adult dogs                       | <input type="checkbox"/> Healthy puppies | <input type="checkbox"/> Nursing mom with puppies            |
| <input type="checkbox"/> Dogs/puppies with slight behavior issues |  | <input type="checkbox"/> Dogs/puppies with kennel cough      |
| <input type="checkbox"/> Dogs/puppies recovering from surgery     |  | <input type="checkbox"/> I don't wish to foster dogs/puppies |

11. What type(s) of cats would you like to foster? (Choose as many as you wish)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Healthy adult cats                       | <input type="checkbox"/> Healthy kittens | <input type="checkbox"/> Nursing mom with kittens                    |
| <input type="checkbox"/> Cats/kittens with slight behavior issues |  | <input type="checkbox"/> Cats/kittens with upper respiratory illness |
| <input type="checkbox"/> Cats/kittens recovering from surgery     |  | <input type="checkbox"/> I don't wish to foster cats/kittens         |

12. What type(s) of exotics would you like to foster? (Choose as many as you wish)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Healthy single rabbit                 | <input type="checkbox"/> Healthy bonded pair of rabbits  | <input type="checkbox"/> Sick rabbits         |
| <input type="checkbox"/> Nursing rabbit with babies            | <input type="checkbox"/> Rabbits recovering from surgery | <input type="checkbox"/> Other exotic animals |
| <input type="checkbox"/> I don't wish to foster exotic animals |  |   |

13. If you answered "Other exotic animals," what type(s) of exotic animals do you wish to foster?  
\_\_\_\_\_  
\_\_\_\_\_

14. What is your preferred foster time period?  Short term 1 – 3 weeks  Long term 4 weeks or more

15. Have you ever fostered an animal before?  Yes  No

16. Please list the name(s) and phone number(s) of other welfare organizations for which you have provided foster care:  
\_\_\_\_\_  
\_\_\_\_\_

**Thanks! We'll review your application and contact you within 48-72 hours.**

**FOR SHELTER USE ONLY.**

Foster Angel Requirements signed?  Yes  No

Landlord contacted?  Yes  No  N/A

Landlord approved?  Yes  No  N/A

Veterinarian contacted?  Yes  No  N/A

In Petpoint  Yes  No

Comments: \_\_\_\_\_

Shelter approved:  Yes  No

By Whom? \_\_\_\_\_

If no, give reason: \_\_\_\_\_

Applicant contacted?  Yes  No

**Notes: (Include complete dates and times)**

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