

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name and ages of people living in your home:

Age \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Name \_\_\_\_\_

Is everyone in the house in agreement about fostering a new pet? Yes No

Do you own or rent? \_\_\_\_\_

Name and phone number of land lord/ owner if you rent? \_\_\_\_\_

Phone \_\_\_\_\_

Does your HOA have any restrictions on pets? Yes No

Phone \_\_\_\_\_

Do you have a fenced yard? Yes No N/A

How do you plan to exercise your foster? \_\_\_\_\_

Veterinarian: Name: \_\_\_\_\_

Number: \_\_\_\_\_

Personal References

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

Other Pets currently in your home:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Are your pets spayed/ neutered? Yes No

Are your pets up to date on vaccines? Yes No

Are children under age 18 taking care of pets? Yes No

Who is responsible for feeding pets? \_\_\_\_\_

Who is responsible for cleaning up after pets? \_\_\_\_\_

How often is "poop patrol"? \_\_\_\_\_

What activities do you do with your pets? \_\_\_\_\_

How much time will your foster spend alone during the day? \_\_\_\_\_

How many hours will your foster spend in a kennel am \_\_\_\_\_ pm \_\_\_\_\_ Total \_\_\_\_\_

Will you crate train your foster? Yes No

Where will your foster be kept during the day? \_\_\_\_\_

Where will your foster be kept during the night? \_\_\_\_\_

Will your foster be supervised in the back yard? \_\_\_\_\_

Pease describe your actions for the following behaviors? Barking, Digging, Nipping, Scratching, Spraying

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What brand of food do you buy for your pet? \_\_\_\_\_

What brand of litter do you buy for your cat? \_\_\_\_\_

What brand of shavings do you buy for your PP? \_\_\_\_\_

Which animal are you interested in? \_\_\_\_\_

\_\_\_\_\_ I understand that no foster from CCAR will ever be tied up and living outside.

\_\_\_\_\_ I understand that all animals fostered by CCAR will not sleep outside at night.

\_\_\_\_\_ I understand that no animal adopted from CCAR will be left in a hot car.

\_\_\_\_\_ I understand that no animal foster from CCAR will be left out in the snow, rain, hail, or freezing temperatures.

Yes No Do you have time for a new foster?

\_\_\_\_\_ I understand that only medications prescribed by a veterinarian will be given to the foster. No alternated medications will be given to any foster animals.

List Previous Pets

Name	Species	Reason they are no longer with you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I understand I need to let a representative of CCAR take the foster pet to Meet and Greets and other adoption events. Or I will take the foster to adoption events.

\_\_\_\_\_ I will call a representative of CCAR in a timely manner if the foster animal gets sick or injured.

I understand that submission of this application does not guarantee the approval of my application. Cooper's Companions Animal Rescue reserves the right to deny an application for any reason we see fit.

\_\_\_\_\_ I agree

I accept that Cooper's Companions Animal Rescue makes no guarantee to the animal's health, history, age, breed, or temperament.

\_\_\_\_\_ I accept

I agree to give a new foster animal time to adjust to my home, and understand it does not happen overnight.

\_\_\_\_\_ I agree

I agree to have a home check as part of the adoption process.

\_\_\_\_\_ I agree

I accept that Cooper's Companions Animal Rescue does not know the past history of animals that are rescued.

\_\_\_\_\_ I accept

Name Print \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

CCAR Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**FOSTER CONTRACT**

Fostering is a rewarding and integral part of CCAR. Please read and initial if you agree.

- 1 Animals in foster care are to be placed only by an authorized CCAR representative. \_\_\_\_\_
- 2 Foster homes are responsible for the costs of any medical attention that result from any injury due to negligence of the caregiver. \_\_\_\_\_
- 3 CCAR will pay for necessary medical expenses for all foster dogs. A designated CCAR representative MUST authorize all vet expenses prior to incurring. \_\_\_\_\_
- 4 CCAR will provide food / cat litter/ for foster animal. \_\_\_\_\_
- 5 I reserve the right to decline an animal for fostering. \_\_\_\_\_
- 6 I will contact a representative of CCAR if I feel fostering isn't working out. \_\_\_\_\_
- 7 I agree to foster the animal until a representative from CCAR releases the animal from my care. \_\_\_\_\_
- 8 I understand that all animals assigned into my care are to be handled with caution for their safety and for my safety, and the safety of others. While unsupervised animals will be crated or to be allowed in a secured kennel or yard. Multiple dogs must be supervised. All dogs are to be handled responsibly and with care. \_\_\_\_\_
- 9 I agree to assume all responsibility for the foster animal in my care.

- 10 I understand that CCAR gives no guarantees, express or implied, as to the foster animals suitability to its new foster home. Further, I understand and agree that CCAR is at no time liable for any damages or injuries caused to the foster, the foster's property, family members, other animals, or visitors to the household. \_\_\_\_\_
- 11 I understand that CCAR makes no representations or warranties about the animal's health, physical condition, breed, age, temperament, or behavior. I acknowledge and agree that CCAR is not responsible for any injury, damage, or harm caused by the animal, and I hereby release CCAR from any and all liability, including, in the case of litigation, any attorneys' fees incurred by CCAR in its defense. \_\_\_\_\_
- 12 I agree that any CCAR foster animal will not be tethered outside, or sleep over night outside. \_\_\_\_\_
- 13 I accept the understand all the risks involved in any and all duties I have for CCAR, in my volunteer status I agree to hold CCAR harmless for injury (s) that might occur during the course of my volunteer duties. \_\_\_\_\_
- 14 This waiver does include myself, all of my family members and descendants forever from seeking any legal action whatsoever against CCAR or its representatives.
- 15 I agree and understand to adhere to all relevant zoning and animal control codes and ordinances, whether local, county or state.
- 16 I agree that a PACFA inspector Colorado Department of Agriculture, has access to any and all foster animals in my home. The inspector will show me their credentials. \_\_\_\_\_

Foster Print Name \_\_\_\_\_

Foster Signature \_\_\_\_\_ Date \_\_\_\_\_

CCAR Representative \_\_\_\_\_ Date \_\_\_\_\_

Renewal Date \_\_\_\_\_ Foster Signature \_\_\_\_\_

CCAR Representative Signature \_\_\_\_\_

Renewal Date \_\_\_\_\_ Foster Signature \_\_\_\_\_

CCAR Representative Signature \_\_\_\_\_

Renewal Date \_\_\_\_\_ Foster Signature \_\_\_\_\_

CCAR Representative Signature \_\_\_\_\_

Renewal Date \_\_\_\_\_ Foster Signature \_\_\_\_\_

CCAR Representative Signature \_\_\_\_\_

Renewal Date \_\_\_\_\_ Foster Signature \_\_\_\_\_

CCAR Representative Signature \_\_\_\_\_