TODAY'S DATE:	1	/
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FILE NUMBER:	

REQUEST TO FOSTER ANIMAL FORM

This form must be completed by all individuals / animal organizations wishing to foster an animal for CDART. The completion of this form does not guarantee that an animal will be placed with you. To foster an animal, the responsible party must be at least 19 years of age. This is not an Adoption Agreement. If an animal is placed with you, it is understood to be a temporary arrangement. CDART appreciates your interest in fostering an animal that is brought in to Rescue or temporary being housed while the guardian is in transition or if the animal is feral and experiencing rehab or fostered until he/she can be adopted. In an effort to further protect the animals we have been involved in rescuing and sheltering, we take great care to ensure that the foster homes these animals go into will provide them with the proper daily care and lots of love. In addition, animals have other specific needs and we want to make sure their foster home can meet these needs. Making the decision to foster an animal is a big responsibility and we want to make sure that everyone in your household realizes this. Therefore, we will do everything possible to make sure this is the right match for you and the animal.

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everyone in your household realizes this. Therefore, we will do everything po							
Applicant Name:	Applicant's Driver's License No:						
Street Address:	Mailing Address:						
City: Code:	Province/State:						
Home Phone: Fax:	Work Phone: Fax:						
Cell Phone: Pager:	Email:						
Do you own your own home? Yes No	If no, name of landlord and telephone number:						
Do you have general insurance?							
Number of Adults in Household:	Number of Children in Household:						
Is this the address where the animal will be fostered?:	If no, where will the animal be fostered:						
Yes No							
	d Animals						
Type Number	Age Altered						
	Deat Fire Versa That Versa Nation						
	ne Past Five Years That You No Longer Have						
Type How Long Did You Ha	ave Reason You No Longer Have Animal						
Are there any enimals on your property that are not altere	d? Are there any enimals on your preparty that are						
Are there any animals on your property that are not altere							
If yes, what?	being treated medically?						
DEFEDENCES /D.							
1. Relationship:	Phone Number:						
i ixelationship	FIIOHE NUMBEL.						
2 Relationship:	Phone Number:						
Z Relationship	Thore rumber.						
References Checked By:	Date:						
Comments:							
Why do you want to foster an animal?	Explain what type of animal you can foster. How many						
	hours each day would the animal(s) you foster be left						
alone?							
	Weekdays Weekends						
Where would the foster animal be kept: Indoors Outdoors Both Paddock							
Pasture Stable Stall Othe	r:						

Do you have a fer	nced yard?	Yes	No	If yes, how high is the fence and is it secure?			
	Are there children in the household?			If yes, how old are they?			
Yes	_ No						
		allergic to animals? _	Ye	s No	If so, what	type of animals?	
If yes, how will this be addressed?							
		o foster an animal?					
Emergencies (1 to 3 days)							
Short Term (Less than 4 weeks)							
Long Term (One month to 1 year)							
Are you willing and able to give medication prescribed by a veterinarian to an animal you are fostering? Yes No Experience?							
What are some re	asons you r	might have to return a	fostere	ed animal.			
If the continual control			1/-1			1- 41	
		needs emergency	veteri	narian:		Is this your regular vet?	
medical treatment		e site, where would	۸ddra	00:		Yes No Assigned Vet: (CDART to	
you take the anim			ould Address: Phone:			advise.)	
	es/No/Desc		FIIOHE	7.		auvise.)	
Birdcage/Aviary	163/110/11630	onde)					
Aquarium							
Cage							
Room							
Kennel							
Pen							
Pond							
Соор							
Stall							
Paddock							
Pasture							
Other							
Restrictions:							
I hereby request t	o be conside	ered as a Foster Fam	ily.				
				DATE	: :		
PR	INT NAME						
	SIGNATURE				SIGNA	TURE	
Once final approv		ng animals has been au	thorized	l, a copy of this		sent to you by the CDART office.	
CDART FILES							
Approved By:				Date:			
Photos and Site Visit Done By: (attach photos)							

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