



FOSTER HOME APPLICATION

To apply to become a foster home, please complete this form and return it to:

Companions in Waiting, P.O. Box 213, Half Moon Bay, CA 94019

Please answer as completely as possible. Feel free to attach additional pages for longer answers.

YOUR CONTACT INFORMATION					
Last name		First name		Email	
Address				Daytime phone	
City		State	Zip code	Evening phone	
HOUSEHOLD INFORMATION & EXPERIENCE					
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents					
Landlord's name			Landlord's phone		
Are you currently allowed to house animals? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How many people currently live in your home? Adults _____ Children _____ Ages of children _____					
Tell us about any pets currently living in your home:					
Type/Species	Sex	Age	Spayed/Neutered?	Last Vaccinations	Time spent indoors/outdoors
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Do your current pets get long with... <input type="checkbox"/> Cats <input type="checkbox"/> Dogs					
Tell us a little about any previous pets (how many, what kind, how long were with you, where they lived etc.)					
Have you ever fostered before? If yes, please describe. (What kind of animals? For which organization?)					
Are you currently involved in any other foster or rescue programs (including caring for your community's feral cats)? If yes, please describe.					

COMPANIONS IN WAITING FOSTER HOME APPLICATION *(cont.)*

FOSTERING ENVIRONMENT	
Who will be the primary caretaker of the foster animal(s)?	
How many hours per day will the animal(s) be left alone?	
How much time each day will you be able to spend with the animal(s)?	
Where would the foster animal(s) be living? <input type="checkbox"/> Indoor only <input type="checkbox"/> Outdoor only <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Garage/barn	
Are your windows securely screened? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your yard securely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Fence height: _____	
You are interested in fostering (check all that apply): <input type="checkbox"/> Adult cats <input type="checkbox"/> Adult dogs <input type="checkbox"/> Senior animals <input type="checkbox"/> Weaned kittens <input type="checkbox"/> Weaned puppies <input type="checkbox"/> Animals with special needs (ie, daily medication) <input type="checkbox"/> Unweaned (bottle-fed) kittens <input type="checkbox"/> Unweaned (bottle-fed) puppies	
Please tell us briefly why you would like to become a Companions in Waiting foster home:	

Your signature below certifies that the above information is true and correct to the best of your knowledge. Any falsification of the above information is grounds for denial of this application.

See our website for more information about fostering: <http://www.CompanionsInWaiting.org/help/foster.php>

Thank you for opening your home to an animal in need!

Adopter signature: _____ **Date:** _____

Office use only	Date	Approved? Y / N	Initial:
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