



CHICAGO ANIMAL CARE & CONTROL

# Foster Care Application

## Please tell us about yourself:

*\*You must be at least 18 years of age to foster an animal*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

ID or Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact Name & #: \_\_\_\_\_

Do you live in a:  Single-family home  Duplex  Condo  Townhouse  Apartment

Do you:  Own  Rent  Rent-to-own  Live at relatives' or friends' house

If you do not own, please list landlords name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your landlord/lease have any breed or weight restrictions? If so, what are they? \_\_\_\_\_

## Please tell us about your household & home:

Why are you interested in fostering? \_\_\_\_\_

Have you ever fostered before?  Yes  No

If yes, which organization(s) have you fostered through? \_\_\_\_\_

Are you currently fostering any animals?  Yes  No

If yes, please list your current fosters:

Name:	Breed:	Rescue you are fostering through:

*\*Please submit vaccination records for your current fosters with this application*

Please list all the members of your household:

Name:	Age:	Relationship:

Does everyone if your family agree with fostering an animal? \_\_\_\_\_

Please tell us about your current pets:

Name:	Breed:	M/F:	Spayed/Neutered:	Vaccinated?:	Keep In/Out:

*\*Please submit vaccination records for your current pets with this application*

Who is your current veterinarian? \_\_\_\_\_

Veterinarian's Phone #: \_\_\_\_\_

What pet experience do you have? \_\_\_\_\_

\_\_\_\_\_

What supplies are you willing to provide for your foster animal? \_\_\_\_\_

\_\_\_\_\_

How do you plan to keep your foster animal separated from other animals in the home? \_\_\_\_\_

\_\_\_\_\_

Please describe the area where your foster animal would be kept. *Examples: where will they sleep, where will they stay when you are not home, what areas of the home will they be allowed in, where will food/water bowls/litter be kept, & etc.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Availability & Capability:

What type(s) of animals are you interested in fostering? (please check all that apply)

- Senior Dog     Adult Dog     Puppy     Neonate Puppy\*  
 Senior Cat     Adult Cat     Kitten     Neonate Kitten\*

*\*Please note that neonates require bottle-feeding every 2-4 hours depending on age. All neonate foster homes will be required to complete a bottle feeding training at CACC prior to fostering*

How many hours of the day do you anticipate your foster animal being home alone? \_\_\_\_\_

\_\_\_\_\_

Are you willing and able to transport your foster to veterinary appointments (at CACC) and adoption events (locations may vary)? \_\_\_\_\_

What situations would you be willing to consider when fostering? (please check all that apply)

- Illness  
 Very young  
 Injury  
 Needs some behavioral training  
 Needs socialization (animals or people)

Are there any behaviors you are not able to handle? \_\_\_\_\_

Please tell us about your experience with behavioral problems and how you worked/resolved those problems. Please also share what behavioral problems you are comfortable handling? \_\_\_\_\_

**References:**

Please provide three references we can contact: *\*Anyone listed as a reference may not live within the same household*

Name:	Phone #:	Relationship:
1.		
2.		
3.		

Have you or any member of your household, ever violated any provisions of city or state ordinances involving the humane treatment of animals? If yes, please explain: \_\_\_\_\_

*I certify that the information I have provided in this application is true and accurate. Any inaccuracies will make this application invalid. Approval of this application does NOT guarantee the final allowance to foster or the adoption of an animal. I understand that if I intentional make a false statement with regard to this application, I shall be in violation of the City of Chicago Municipal Code 1-21-010 et seq. and any other applicable laws, and may receive a penalty of up to \$1,000, plus up to three times the amount of damages which the City sustains because of my violation of this section. I also understand if I am in violation of 1-21-010 et seq., I shall also be liable for the City's litigation and collection cots and attorney's fees.*

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

**Please submit your application via email to [caccfoster@cityofchicago.org](mailto:caccfoster@cityofchicago.org).**

**Questions/inquires can also be sent to this email.**

**Thank you!**

**STAFF USE ONLY:**

Name of employee receiving application: \_\_\_\_\_ Date received: \_\_\_\_\_