



The Canine Compassion Fund, Inc.
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FOSTER APPLICATION

Date: _____ Name: _____

Physical Address: _____

Mailing Address: _____

Do you own or rent your home? _____ If you rent your home, name and contact number
for landlord: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Work Schedule: _____

Name and contact number of your personal vet: _____

Ages of any children living in the home: _____

Do you have a fenced yard? _____ Material and height of fence: _____

Are there other animals/pets currently residing in your home? _____

If "yes," please describe (age, size, breed, temperament, how long in your care, whether
spayed/neutered, up to date on vaccines, preventatives, etc.):

Please describe the type of canine(s) you are interested in fostering, ie: litters of puppies with or without a mom, larger, smaller, older, special needs (blind, deaf, amputee), etc.:

Do you currently or have you fostered canines for other organizations? _____

If "yes," name and location of organization(s): _____

Where do you plan to keep the canine at night? _____

Do you plan to keep the canine in a kennel at any time? _____

If "yes," maximum number of hours canine will be kenneled: _____

Do you have experience with any of the following? Please check all that apply.

Basic commands training _____ House training _____ Kennel/crate training _____

Bottle feeding _____ Behavioral issues _____ (please describe in detail): _____

• I understand that a Canine Compassion Fund representative will visit my home for a home inspection before my foster application is approved.

• I understand that if I am approved for fostering, I will also need to carefully read the "Foster Care Agreement," which is a separate document from this "Foster Care Application." The Foster Care Agreement represents the legal contract between a foster caregiver and CCF. I understand that if I am approved to foster an animal, I must review the Foster Care Agreement before I can take my foster animal home.

• I have read this Application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful. I make this statement under penalty of perjury under the laws of the state(s) of Alabama.

Signature of Applicant

Date