



5801 Graye Lane  
Caldwell, ID 83607  
208-455-5920

## Canyon County Animal Shelter Foster Care Application

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### ***PERSONAL DATA***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Do you live in a:  House  Duplex/Town home  Apartment  Mobile Home  Dormitory

Do you:  Own  Rent

Does your lease allow pets? Yes No Do not know

Do you have a securely fenced in yard? Yes No Describe \_\_\_\_\_

Do you have screens on your windows? Yes No

How many adults are in the household? \_\_\_\_\_ Children? \_\_\_\_\_ Ages? \_\_\_\_\_

Have they handled animals before? Yes No

Do you or any members of your household have any allergies to animals?

DOGS Yes No

CATS Yes No

OTHER Yes No (please specify other) \_\_\_\_\_

If yes, how will you cope with them? \_\_\_\_\_

### ***GENERAL INFORMATION***

How did you hear about the Foster Care Program? \_\_\_\_\_

Would you permit a Canyon County Animal Shelter Foster Program Representative to visit your home? Yes No

Have you attended any formal animal care or training classes? Yes No

If yes, when and where? \_\_\_\_\_

Have you ever administered medication to a dog or cat before? Yes No

Can you attend scheduled meetings or an occasional training session related to the Foster Program? Yes No

If no, why not? \_\_\_\_\_



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### PERSONAL PET INFORMATION

Do you have any pets now?                      Yes    No    How many? \_\_\_\_\_

**Please list current pets**

Name	Breed	Age	Sex	Spayed/Neutered

What is the name of your veterinarian? \_\_\_\_\_

May we contact your veterinarian?    Yes    No

Do your pets have any behavioral problems or chronic illness?    Yes    No

Explain: \_\_\_\_\_

Are your pet's immunizations current?    Yes    No

Where do your pets stay in the house? \_\_\_\_\_

If you have no pets now, have you had pets in the last 10 years?    Yes    No

If yes, where are they now? \_\_\_\_\_

How many hours a day are animals left alone? \_\_\_\_\_

### ***FOSTER INFORMATION***

How many days/weeks can you foster an animal? \_\_\_\_\_

How much time daily would you have for your foster animal? \_\_\_\_\_

Describe areas where foster animal will be housed and cared for: \_\_\_\_\_

\_\_\_\_\_

How will you segregate the foster animals from your own pet? \_\_\_\_\_

\_\_\_\_\_

What are the care arrangements when you are not home? \_\_\_\_\_

\_\_\_\_\_



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What behaviors are you unwilling to work with? \_\_\_\_\_

What kind of animal(s) are you prepared to foster? (Please circle all that apply)

Mother Cat with kittens

Mother Dog with puppies

Litter of orphaned kittens

Litter of orphaned puppies

Cat with Behavior Issues

Dog with Behavior Issues

Cat with kennel stress

Dog with kennel stress

Injured: Adult Cats    Adult Dogs    Puppies Kittens    Small Animals

Ill: Adult Cats    Adult Dogs    Puppies Kittens    Small Animals

Do you have any experience training and working with dogs or cats with behavioral issues?

Yes    No    Describe \_\_\_\_\_

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**By signing, I affirm that I am 21 years of age or over and the information contained on this form is true to the best of my knowledge. I give permission to Canyon County Regional Animal Shelter to verify any of the information given. I understand that the Foster Care Coordinators may approve or deny my acceptance into this program based on this or other information.**

\_\_\_\_\_  
Foster Applicant Signature

\_\_\_\_\_  
Date



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### Release of Liability

Release Executed on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_,

by:

First name: \_\_\_\_\_ Middle initial: \_\_\_\_ Last name: \_\_\_\_\_

Hereinafter referred to as **Releasor**.

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

Date of birth: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Canyon County Animal Shelter, Inc., its directors, officers, agents, managers and members shall hereinafter be referred to as "CCAS."

I, Releasor, for good and valuable consideration, do hereby release, waive and discharge CCAS, of and from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries know or unknown, death, property theft or property damage resulting or to result from any incident that may occur as a result of Releasor's performance of any act or service on behalf of CCAS or any activities in any way connected with the performance of such act or service, whether by the negligence of CCAS or Releasor, or not.

CCAS assumes no responsibility or liability for the actions of Releasor in performing or failing to perform any act or service on behalf of CCAS. Neither does CCAS warrant or guarantee the quality of services performed by Releasor.

Nothing in this release, or any other act or transaction between CCAS and Releasor, shall be construed to create between CCAS and Releasor a partnership, joint-venture, agency or employer/employee relationship.

Releasor expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Idaho, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital.

Releasor further states they have carefully read the foregoing release and know the contents thereof and sign this release as their own free act.

In witness whereof, Releasor has executed this release the day and year first above written.

RELEASOR: \_\_\_\_\_

Signature

This application was reviewed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

[ ] Accepted [ ] Denied