CAROLINA HELPING PAWS RESCUE FOSTER APPLICATION



Email: carolinahelpingpawsrescue@gmail.com

Like us on Facebook! https://www.facebook.com/carolinahelpingpawsrescue

Visit our website: Website: www.carolinahelpingpawsrescue.org

Welcome to *Carolina Helping Paws Rescue (CHPR)*. The following information is requested so we can ensure the best possible home environment for our dogs.

We never do same day adoptions, but welcome your application. Our saved souls only become family members to carefully screened homes. Please call your veterinarian ASAP and give your permission for their staff to talk to our rescue volunteers. Your "furbaby" will thank you!

Fosters can pay for supplies and receive a tax receipt or supplies can be provided or loaned to you. Either way, you are assisting an animal in need by providing love, structure, socialization, and a chance for a wonderful life with a caring family. Foster applications will receive the same careful screening.

- ➤ Be 21 years of age or older and have current identification showing your present address.
- ➤ Have the knowledge & consent of your landlord if you do not own your home
 - o Must include authorizing information to be released to rescue personnel



CAROLINA HELPING PAWS RESCUE ADOPTION APPLICATION

APPLICANT INFORMATION:

Full Name:			Date of birth:	
First/La	st			
Driver's license #:				
Address:			How long at this address	?
City:	State:	Zip:	Best time to call?	
Phone (Home):		Mobile:		
Are you employed ou	utside of the hon	ne? YES/NO	FT/ PT	
Current Employer: N	Name		Phone	
CO- APPLICANT IN	NFORMATION	<u>:</u>		
Full Name: First/La			Date of birth:	
Driver's license #:				
Address:			How long at this address	?
City:	State:	Zip:	Best time to call?	
Phone (Home):		Mobile:		
Are you employed ou	utside of the hon	ne? YES/NO	FT/ PT	
Current Employer: _ N	Name		Phone	
Do you live in: H	OUSEAP	ARTMENT _	_ CONDO/TOWNHOME	MOBILE HOME
Do you OWN/RENT	?			
If you <u>rent</u> , we must o	contact the owner	to obtain permis	ssion for this pet to live in your	home.
Property Owner NA	ME:		PHONE:	



CAROLINA HELPING PAWS RESCUE ADOPTION APPLICATION

FAMILY INFORMATION:

Please list ALL family members living in the household: (Full names for adults & ages of each child)

NA	ME			AGES
Please describe you	ur household: (Active, La	id back, Chaotic, etc.)		
Has anyone in your	r household suffered fron	n allergies to animals? YE	ES/NO	If yes , please complete:
NAME	HOW LONG	TYPE OF REACTION	ALLERO	GY MANAGEMENT



CAROLINA HELPING PAWS RESCUE ADOPTION APPLICATION

CURRENT FAMILY PETS: Please list all animals in your household currently or have owned in the past:

	Animal #1	Animal #2	Animal #3	Animal #4
NAME				
BREED				
SEX				
SPAYED/NEUTERED				
REASON IF NOT DONE				
TIME OWNED				
CURRENT AGE				
WHAT HAPPENED TO HIM/HER				
ANIMALS UP TO DATE OF VACCINES-If not, why?				
Have you EVER turned a pet over to a shelter	r: YES/NO_	If yes , plea	ase explain?	
REFERENCES: Veterinarian Information: Please call and a	uthorize releas	se of information t	o our rescue perso	onnel
	atmortze reteas		o our reseue perse	Jilliei.
Name:		Phone:		
Address:				
Personal References:				
1. Name:	_ Phone:	Ве	est time to call? _	
Relationship to applicant:				
2. Name:				
Relationship to applicant:				
3. Name:				
Relationship to applicant:				

CAROLINA HELPING PAWS RESCUE (CHP) FOSTER HOME GUIDELINES, RESPONSIBILITIES, and RELEASE OF LIABILITY

Please read and initial where a blank appears:
I AGREE to care and love ANY foster dog given to me by CHP as if it were my own.
I AGREE to provide the dog with exercise, basic obedience training and house-training.
I UNDERSTAND that training greatly increases a dog's chance of being adopted.
I AGREE to bring the dog to adoption events and if I am unable I will notify a CHP representative so arrangements can be made for my foster to participate in the event.
I AGREE to join the CHP foster/adopter Facebook page so I can stay updated and informed; also to share pictures and bio of my foster dog.
SPAY/NEUTER & VACCINATIONS
I UNDERSTAND that all dogs placed in foster care need to be spayed/neutered and vaccinated. If I receive an unfixed dog, CHP may request that I schedule an appointment with a designated CHP veterinarian and assist in transporting the dog to and from the appointment. If I cannot arrange to do the transport myself, I will call a CHP representative and assist in any way I can.
I UNDERSTAND that no dog CAN be adopted before being spayed or neutered; unless approved by Janet Derrick.
EXPENSES COVERED BY CHP
I UNDERSTAND that all basic medical expenses for each foster dog that comes into my care will be covered by CHP, provided that Janet Derrick or Angel King has approved the medical expenses and the care is from a CHP designated veterinarian.
I UNDERSTAND that if I choose to go to a vet that is not approved, I will be responsible for most of or the entire vet bill; and could result in removal of my foster dog.
I UNDERSTAND that CHP provides monthly heartworm prevention and flea preventative for each foster dog that comes into my care. CHP appreciates willingness to donate toward the dog's general expenses, like food, treats, etc., and CHP will offer donated items, as available, for use by foster homes (Such general expenses, if paid for by a foster home and not by CHP, may be tax deductible.) Crates can be lent to foster homes and returned to CHP when a foster dog is adopted.
DOG DESCRIPTION AND INFO FOR LISTING DOGS FOR ADOPTION
I AGREE to assist in getting a photo of each foster dog that comes into my care. I agree to either take a photo and write a short description myself, and submit it to my CHP representative for review and assistance, or allow and coordinate with the CHP photographer to take pictures of each foster dog in my care.
ADOPTION/TRANSFER
I UNDERSTAND that any potential adopter MUST be screened, interviewed and approved by Marlene, the authorized CHP representative. I understand that my input will be appreciated and a part of the process, and that the final decision to place or not to place any particular dog with any particular potential adopter will be made by Janet Derrick or Angel King.
I AGREE to let CHP know if prospective adopters may contact me directly by phone or email, and to send copies of any email inquiries to Janet Derrick. If it is possible for a prospective adopter to visit my home to meet the animal, I will arrange for a CHP representative to be there during the visit

PROTOCOL WITH CHILDREN

____ I/we understand that the following protocol should be followed regarding children in the house:

- Do not under any under any circumstances leave a child unattended with any dog.
- > Do not leave bones around the house when children are present and be cautious and observant when children are eating and the dog is in the room.
- > If there is a child in the household under the age of 5 the dog must be in a crate or separate room while the dog is eating or sleeping to prevent accidents.
- Children under the age of 13 will not walk the dog unless supervised by an adult.
- ➤ Whenever a child is in the house with a dog, the child is at risk of being accidentally knocked over, scratched or bitten etc. Should you have <u>ANY</u> concerns or feel uncomfortable with a situation between the dog and a child contact your foster coordinator and or Janet Derrick. We will either take the dog out of your home immediately or see how we can assist to improve the cause of concern, depending on the severity of the situation.

CATS AND DOGS CO-EXISTING

___ I/we understand that even if this animal has been housed with cats in its foster home that CAROLINA HELPING PAWS RESCUE cannot guarantee the behavior with a new cat(s) will be the same. Please use caution when introducing a new dog to existing cats in the household and do the introduction slowly over a period of a few weeks, keeping the dog on leash. If you need assistance, please do not hesitate to contact a CHP representative.

MULTIPLE DOG HOUSEHOLDS

____ I/We understand that the following protocol should be followed when bringing additional dogs into the house.

- > Do not leave multiple dogs at home in the same room unattended.
- > Do not feed the dogs in the same room and don't leave toys and treats lying around the house.
- > CHP can put you in touch with either a senior volunteer or Janet Derrick to assist you with a dog to dog introduction if necessary.

GENERAL AGREEMENTS	
I UNDERSTAND that the CHP ID tag must be worn on the dog's collar at all times, because this is its line to back to CHP. If the dog loses its tag, I agree to immediately contact CHP for a new one.	k
I AGREE to keep each foster dog that comes into my care on a leash when outside my home or my ow securely fenced yard.	n
I UNDERSTAND AND AGREE that no foster dog that comes into my care will be allowed to run or play leash in open public areas.	of
I UNDERSTAND AND AGREE that I am responsible for the safety of each foster dog that comes into m care, for the safety of other dogs and people the dog comes into contact with.	y
I AGREE to immediately notify my CHP contact or Janet Derrick in the event of a missing or injured foster dog.	
I UNDERSTAND that if I decide to adopt a foster dog in my care, I must go through the adoption proce and could include paying the requested donation. (Donations are used to help cover costs to save and help more dogs.)	SS
I UNDERSTAND that if I need to return a dog to CHP's care, for any reason, enough forewarning is necessary for CHP to locate a new foster home placement for the dog, and that this process may take a wee or more, depending on the dog and the number of other dogs in foster care.	:k

CAROLINA HELPING PAWS RESCUE RETAINS THE RIGHT TO REMOVE A FOSTER DOG FROM MY CARE AT ANYTIME.

CAROLINA HELPING PAWS RESCUE RELEASE OF LIABILITY

	of Carolina Helping Paws Rescue. (CHP) and its volunteers on the ch has been released into the ownership of CHP and placed ed dog").
me. I understand that although reasonable effort hat to CHP beforehand but, being living animals, they me take necessary precautions to prevent accidents and my care. I promise to take adequate care of any forwater, and adequate shelter, as well as control of exif any fostered dog in my care is in need of veterinal heartworm preventive or treatment for illness. At a people or other animals. I promise to keep any fostennel run or inside a house or garage when the do at no time will any foster dog be placed outside on that when off of my property, any fostered dog will	the Foster Care Provider named above, understand that disposition of any fostered dog placed into Foster Care with as been made to assess the disposition of each dog released may act unpredictably in any given situation, and that I must diguard against unpredicted actions by any fostered dog in ostered dog in my care by providing nutritious food, plentiful external parasites (fleas and ticks). I promise to notify CHP ry care such as vaccinations, routine testing and refill of no time will I allow any fostered dog to be a nuisance to stered dog in my care safely confined in a fenced yard or or is not with me or a member of my family. I promise that a tie-out (in a yard, in front of café, store etc.) I promise the kept on a leash at all times unless I have approval from eash in a safely enclosed dog play area. Large dogs shall
that fostering a dog for CHP is not the same as adoptive available to Prospective Adoptive Owners referred wish to adopt any fostered dog, I understand I must the donation requested at the time of adoption. If I	f a dog crate for confinement inside the house. I understand oring a dog, and that any fostered dog must be made by CHP for viewing for possible permanent Adoption. If I t complete an Adoption Application and be responsible for find a prospective adopter for my foster dog I will contact or give the dog over to anyone until an adoption has been
I understand that my foster dog belongs to Carcircumstances re-home, sell, or giveaway a CHP dog	olina Helping Paws Rescue and I cannot under any 3.
Please sign below that you agree to the term	ns listed in this document.
Signature of Applicant	 Date
Signature, of CAROLINA HELPING PAWS Foster Cook	rdinator/CHP Representative (Print and Sign)
Print name	Phone Number
Signature of Applicant	Date
email addresss	