

# CAROLINA HELPING PAWS RESCUE FOSTER APPLICATION



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

\*\*\*Completion of this application does not guarantee approval by ***Carolina Helping Paws Rescue***. We want the personality of the dog to match the lifestyle of the adopters so it will be a Forever home! We reserve the right to refuse adoption to anyone. Our rescue is run by volunteers who are always learning & trying to consider what is best for the animal being adopted. Please understand rescue is rewarding but also heart-breaking at times. Thank you!

Name of pet for whom you are interested in fostering? \_\_\_\_\_

If not for a specific animal, what types of animals are you interested in fostering?

\_\_\_\_\_ How Many? \_\_\_\_\_

Does the potential size when full grown affect your decision to foster this rescue? If so, how? Please explain.

Where did you hear about us? \_\_\_\_\_

**Thank you for considering fostering with Carolina Helping Paws Rescue!**

To be considered for adoption, you must:

- 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
  - Must include authorizing information to be released to rescue personnel



# CAROLINA HELPING PAWS RESCUE

## ADOPTION APPLICATION

### APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First/Last

Driver's license #: \_\_\_\_\_

Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Best time to call? \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Are you employed outside of the home? YES/NO \_\_\_\_\_ FT/ PT \_\_\_\_\_

Current Employer: Name \_\_\_\_\_ Phone \_\_\_\_\_

### CO- APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First/Last

Driver's license #: \_\_\_\_\_

Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Best time to call? \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Are you employed outside of the home? YES/NO \_\_\_\_\_ FT/ PT \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Name Phone

Do you live in: \_\_\_ HOUSE \_\_\_ APARTMENT \_\_\_ CONDO/TOWNHOME \_\_\_ MOBILE HOME

Do you OWN/RENT? \_\_\_\_\_

If you rent, we must contact the owner to obtain permission for this pet to live in your home.

Property Owner NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



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**FAMILY INFORMATION:**

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

NAME	AGES

Please describe your household: (Active, Laid back, Chaotic, etc.) \_\_\_\_\_

Has anyone in your household suffered from allergies to animals? **YES/NO** \_\_\_\_\_ If yes, please complete:

NAME	HOW LONG	TYPE OF REACTION	ALLERGY MANAGEMENT



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**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?				

How are you planning on introducing your foster pet to the pets already living in your home?

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Have you EVER turned a pet over to a shelter: **YES/NO** \_\_\_\_\_ If yes, please explain?

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**REFERENCES:**

**Veterinarian Information:** Please call and authorize release of information to our rescue personnel.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Personal References:**

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Best time to call?** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Best time to call?** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Best time to call?** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_



# CAROLINA HELPING PAWS RESCUE

## ADOPTION APPLICATION

### QUESTIONS ABOUT LIFE WITH YOUR NEW FOSTER PET:

If you had to move, are you willing to restrict your housing to places where the type of pet, # of pets, and breeds were allowed? Why/why not? \_\_\_\_\_

How many hours each day will this pet be without human companionship? \_\_\_\_\_

Are you willing to have a representative of **CHPR** come to see where the pet will be living? **Y/N** \_\_\_\_\_

Do you have a fenced yard: **Y/N** \_\_\_\_ If No: Are you planning on installing one? \_\_\_\_\_

If yes: \_\_ **Fully Fenced** \_\_ **Partially Fenced** \_\_ **Chain Link** \_\_ **Wood** \_\_ **Vinyl** \_\_ **Electric**

**Height of Fence:** \_\_\_\_\_

If **no** fence is installed, how will you keep the dog on your property?

\_\_\_\_\_

Will the dog ride in the back of a pickup truck? **Y/N** \_\_\_\_\_

Do you have a dog door? **Y/N** \_\_\_\_\_

Are there stairs at your home? **Y/N** \_\_\_\_\_ If **yes**, how many stairs? \_\_\_\_\_

Will the dog spend any time in the garage? **Y/N** \_\_\_\_ If **yes**, explain: \_\_\_\_\_

All dogs/puppies react differently to a new environment & we cannot guarantee a pet will be house trained when adopted. Please acknowledge you are aware house training may be needed for your new pet & you will have the time to give him/her this attention. (Initial here): \_\_\_\_\_

What methods will you use to house-train him/her? \_\_\_\_\_

How will you be training the dog's behavior? \_\_ **Self** \_\_ **Training Class** \_\_ **Professional trainer**?

Are you able and willing to exercise the dog daily? **Y/N** \_\_\_\_\_

What type of exercise? \_\_\_\_\_

Where will the dog be kept during the day? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_



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### **QUESTIONS ABOUT LIFE WITH YOUR NEW PET (CONT):**

Do you plan to move/go on vacations soon: Y/N \_\_\_\_\_ If yes, do you plan to take the dog with you? Y/N \_\_\_\_\_

When away/on a vacation, who will take care of the pet? \_\_\_\_\_

Are you aware heartworm disease in dogs occurs at an alarming rate in the Southern US? Y/N \_\_\_\_\_

Are you willing & able to afford heartworm preventative medications for your pets? Y/N \_\_\_\_\_

Have you ever had a pet test positive for heartworm disease? Y/N \_\_\_\_\_ If yes, what did you do about it?

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**To FOSTER:** Be able and willing to spend the time necessary to care for a pet.

What provisions will you make for the dog/cat should circumstances occur and you become unable to care for it?

Additional comments by applicant:

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**PLEASE INITIAL EACH STATEMENT (Applicants and Co-Applicants):**

\_\_\_/\_\_\_ I have answered all the above questions truthfully to the best of my knowledge.

\_\_\_/\_\_\_ I understand that if, for any reason, I can no longer care for or keep an animal, I agree to contact Carolina Helping Paws Recue and **MUST RETURN** him/her directly to a rescue representative and I will sign all necessary papers for the surrender of the animal

\_\_\_/\_\_\_ I am committed to keeping this pet(s) until the foster animal is adopted

\_\_\_/\_\_\_ I am willing to accept immediate & full responsibility for taking this pet to any medical exams and/or training of the pet

\_\_\_/\_\_\_ I agree to keep the fostered pet up to date on vaccinations as recommended by a licensed veterinarian

\_\_\_/\_\_\_ I agree to provide the pet with yearly veterinarian examinations and follow their recommendations for vaccinations, dental work, preventative medications, etc.

\_\_\_/\_\_\_ I agree to not declaw any cat

\_\_\_/\_\_\_ In the unlikely event that I adopt a pet that is not already spayed or neutered, I agree to neuter or spay at no later than six (6) months or when a veterinarian suggests and to provide proof of the procedure upon request to the rescue

\_\_\_/\_\_\_ I hereby authorize the release of information to Carolina Helping Paws Rescue by the veterinarian and staff providing care for the foster pet.

\_\_\_/\_\_\_ I agree to provide the pet with a safe and loving home, food, water, shelter, and medical care to keep him/her healthy to include preventative medications and sufficient exercise and agree to leash this pet until which time he/she is trained to be off leash and is fully familiar with the new surroundings of our home and to take care when traveling to include restraints and leashes when getting in and out of vehicles when off of our property

\_\_\_/\_\_\_ I agree to always bring my animal into my home at night or anytime I am unable to supervise it so my animal can be safe from the elements, other animals, and people who may target him for theft and abuse

\_\_\_/\_\_\_ I agree to never abandon the animal under any circumstances and expect him/her to fend for itself

\_\_\_/\_\_\_ I agree I will NOT keep any companion animal primarily outside and never on a chain or in a pen/kennel for their living space

\_\_\_/\_\_\_ I agree to never euthanize the pet unless the veterinarian recommends euthanasia because of tremendous suffering

\_\_\_/\_\_\_ I agree to keep and consider this pet as a companion and part of the family and not a disposable item



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\_\_\_/\_\_\_ I agree to arrange for boarding or proper daily care in the absence of its owner(s) during times of vacations, work trips, and any other time when our normal daily routine will be interrupted

\_\_\_/\_\_\_ I acknowledge CHPR has assessed the animal to the best of their abilities, however, I understand that CHPR has had this animal for a limited time and makes no representation that the animal is free from characteristics or propensities that could be a source of danger to humans, other animals, or property.

\_\_\_/\_\_\_ I agree to never surrender the pet to a third party without express written approval of Carolina Helping Paws Rescue

\_\_\_/\_\_\_ I understand that while CHPR takes every precaution to assure the health of its animals, no guarantee can be given regarding the condition of the animal I have adopted and understand the adoption is a commitment for the duration of the pet's life.

\_\_\_/\_\_\_ I understand that I upon finalization of an adoption, a non-refundable adoption fee is paid to CHPR, which will be used immediately towards the care of current and/or future rescued animals

\_\_\_/\_\_\_ I agree to surrender the pet to CHPR if, in the opinion of two CHPR representatives the animal is not being cared for properly, such as being neglected or abused or the lack of veterinary care or any reason that Carolina Helping Paws Rescue deems as not being cared for properly

\_\_\_/\_\_\_ I have reviewed my application carefully and have read, understand, and agree to all of the above conditions

\_\_\_/\_\_\_ I agree that if I MUST surrender this animal for any reason after adoption that I will surrender/return the dog/cat/animal back to CHPR President or Vice President and to no one else unless authorized by CHPR President or Vice President

\_\_\_/\_\_\_ If CHPR must take you to court to obtain custody of said animal(s) then all court fees, lawyer fees, and misc. fees will be the adopters' responsibility no matter what the outcome of the case

I have completed this application truthfully, and I understand the foster/adoption process:

**APPLICANT:**

**Print Name:** \_\_\_\_\_

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

**CO-APPLICANT:**

**Print Name:** \_\_\_\_\_

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