



**FOSTER APPLICATION** (All fields required, unless noted)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Contact Method:  Phone  Email

Email: \_\_\_\_\_

Yes, I want to subscribe to CHA's:  Newsletters  Event Notices  Urgent Shelter Alerts  Gift Matching

Where did you hear about fostering?  Shelter Visit  Friend  Facebook  Instagram  TikTok  X

CHA Newsletter  CHA Website  Petfinder  Adopt-a-Pet  Other, Specify: \_\_\_\_\_

**The Pets You Want to Foster** (Mark all that apply)

Species:  Dogs  Cats Ages:  No pref.  Puppies/Kittens  Young  Older  Senior

Sizes:  No pref.  Small  Med  Large Energy Levels:  No Pref.  Low  Avg  High

Will you foster pregnant moms?  Dogs  Cats Assist with births thru weaning?  Puppies  Kittens

Will you foster orphans?  Puppies  Kittens Will you foster nursing moms with:  Puppies  Kittens

Will you foster pets recovering from injuries or surgery?  Dogs  Cats

Will you foster pets waiting for placement in another shelter?  Dogs  Cats

Will you foster pets that need behavior modification?  Dogs  Cats

Reason for Fostering: \_\_\_\_\_

**About Your Home**

Ownership:  Own  Rent  Parent Owns  Parent Rents  Other, Specify: \_\_\_\_\_

Type:  House  Multi-unit House  Apt/Condo  Mobile Home  Other, Specify: \_\_\_\_\_

If Renting, Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have their approval to foster?  Yes  No, Explain: \_\_\_\_\_

NOTE: If applying with an ESA, please send a copy of the ESA letter with your application.

How many moves in the past 5 years? \_\_\_\_\_ Length at current address? \_\_\_\_\_

**About Your Household**

How many adults live with you? \_\_\_\_\_ How many children live with you? \_\_\_\_\_

How many children visit regularly? \_\_\_\_\_ What are the children's ages? \_\_\_\_\_

Are all household members in agreement with fostering?  Yes  No

Who will be the animal's primary caregiver? \_\_\_\_\_

Are any household members nervous or unsure around animals?  Yes  No

Do any household members have asthma or allergies to animals?  Yes  No

Describe your household activity level:  Low  Average  High

How long, on average, will the animal be alone each day?  0-1 hrs  3-5 hrs  6-9 hrs  9+ hrs

**Plans For Your Foster**

Where will your foster live?  Inside  Outside  Mix Do you have a fenced yard?  Yes  No

Do you have a room/area to separate fosters from other pets?  Yes  No

Where will fosters stay when no one is home?  House  Kennel  Yard  Other, Specify \_\_\_\_\_

How long are you willing to foster?  1-3 weeks  1 month  2 or more months

Will you bring the foster to vet appointments as needed?  Yes  No

Will you meet with potential adopters to introduce the foster?  Yes, at home  Yes, at a public place  No

Do you understand a shelter foster's potential behavioral needs?  Yes  No

Any behaviors that you will not tolerate?  No  Yes, Specify: \_\_\_\_\_

**Your Pet History**

Do you and your household members have experience owning pets?  Yes  No

Have you ever surrendered, given away, or returned a pet?  Yes  No

Do you have experience being a primary caregiver for pets?  Yes  No

Are you willing to train your foster if needed?  Yes  No

Do you have experience: Raising puppies or kittens?  Yes  No Assisting with a birth?  Yes  No

**Current Pets** (List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered?	Vaccines up to date?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do your current pets get along with other animals?  Yes  Not sure  No, Explain: \_\_\_\_\_

Any current pet behavioral or health issues?  No  Yes, Specify: \_\_\_\_\_

Current vet clinic: \_\_\_\_\_

Previous vet clinics: \_\_\_\_\_

Okay to verify vet records?  No  Yes, Records Are Under: \_\_\_\_\_

**Previous Pets** (List ALL pets over the last 10+ years, including vet clinics; List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	How Long Ago?	Spayed/Neutered?	Vaccinated?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What Happened?</b>			<b>Vet Clinic</b>			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What Happened?</b>			<b>Vet Clinic</b>			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What Happened?</b>			<b>Vet Clinic</b>			

**Personal References** (Three NON-FAMILY references MUST be provided)

Reference's Name	Phone	Relationship to You

**Terms & Conditions—Read Carefully**

- Chequamegon Humane Association (CHA) does not discriminate based on race, color, national origin, age, sex, disability, religion, or other protected characteristics.
- CHA reserves the right to deny any foster application without explanation.
- Approval doesn't guarantee placement. Placements prioritize animals' best fit, not first-come, first-served.
- CHA retains ownership of fosters; no adoption rights are granted through the foster program.
- CHA supplies food, medical care, supplies, and guidance. You agree to provide fresh water, shelter, exercise, socialization, and humane treatment at your expense. Fostering is unpaid volunteer work.
- You agree to report health issues to CHA immediately and use only approved vets. CHA covers medical costs; you handle transport and required after-care.
- No breeding, selling, or unapproved medical care, alteration, or euthanasia.
- You agree to keep fosters leashed/supervised outdoors, crate them when alone, and initially separate them from your pets. Your pets must be vaccinated/spayed/neutered.
- You assume liability for any injuries, damages, or losses caused by the foster.
- CHA may conduct unannounced home visits. CHA may reclaim fosters at any time, with no notice.
- CHA may contact any references listed, including veterinarians and landlords.
- All information provided in this application is true, accurate, and not misleading.
- Incomplete forms will not be processed. Contact CHA staff if you need help completing the form.
- Non-compliance with any program term may result in program removal, adoption ban, or legal action.

By signing below, you confirm that you have read, understood, and agree to the above terms. *Note: Unsigned applications will not be processed. If using the fillable PDF, you must electronically sign.*

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

**Next Steps in the Adoption Process**

1. If you currently or previously use **Willow Animal Hospital (Ashland)** or **Grand Ave Vet Clinic (Duluth)**, please call the clinic directly to authorize the release of your vet records to CHA. We cannot process your application without these records.
2. Please allow up to 2-3 business days for processing. We read every form with care.
3. After the application is processed, we will call to arrange an in-person interview and/or home visit.
4. **It is your responsibility to follow up!** After 48 hours, call us at 715-682-9744 to check your application status. We do not provide application updates (including approvals, incomplete, or denials).

**Additional Information** (Full explanations, further details, etc.)

---



---



---



---



---

**DELIVER SIGNED FORM:** To the shelter, Mail to PO Box 93, Ashland, WI 54806, or Email to [CHAadopt@yahoo.com](mailto:CHAadopt@yahoo.com)