



Welcome to the Coppell Humane Society (CHS). Thank you for your interest in fostering a rescued pet. The following information is requested so that our adoption counselors can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. This consultation process is designed to help us to assist you in finding an animal most compatible with your lifestyle and to determine if fostering is in the animal's best interest.

CAT FOSTER APPLICATION

Date: _____

In order to be considered as a foster, you must:

- Be 18 years of age or older
- Live in the D/FW area
- Have identification showing your present address
- Willing to provide a vet reference for animals currently in your care and for the last five years.
- Have the knowledge and consent of your landlord (verification will be done)
- Be able and willing to spend the time and money necessary to provide medical attention and proper care for your new pet.

Name: _____	Spouse/Partner's Name: _____
Address: _____	Home Phone: _____
City/State/Zip: _____	Work Phone: _____
Email Address: _____	Cell Phone: _____
TX DL #: _____	Employer: _____

Is your home a: House / Apartment / Mobile Home Do You: Own / Rent or Lease

Before proceeding with this application, please initial each item below. This is required to proceed.

I understand that:

_____ CHS reserves the right to refuse adoption or placement to anyone. Adoption approval or refusal decisions are made solely at the discretion of CHS. Falsifying information on the application will result in disqualification from adoption.

_____ All potential adopters/foster homes may be screened for suitable placement of animals. By submitting this application, you give permission for CHS to investigate and confirm the information that you provide. You agree that this information can be shared with other humane societies or rescue groups.

_____ You give permission for a CHS representative to visit your home prior to adoption to do a home check and after adoption to do follow-up checks on your adopted pet if requested.

_____ I, _____ (print name), hereby give permission to my landlord, apartment complex, mobile home park or neighborhood associations to release information to CHS concerning my pet deposit or other rules regarding pet ownership.

My Landlord/Apt. Complex's Name: _____ Phone #: _____

_____ I, _____ (print name), hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to CHS.

My current veterinarian is _____, located at _____ and can be reached at (_____) _____

I understand the above information, and agree to the requirements CHS has in the adoption process.

Signature **Date**

HUMANE SOCIETY OF COPPELL, INC.
CAT ADOPTION / FOSTER CARE APPLICATION

Before completing this application, please read the adoption contract you must agree to and will later sign.

Foster Information

Your Name: _____

Today's Date: _____ I am applying to Foster, or Adopt Conditional? Yes No

Conditional Terms: _____ Trial Expiration Date: _____

How long at current address? ____ Yrs., ____ Mos. Do you plan to move in the next 12 months? Yes No

Renter Info:	Does your landlord require a pet deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Much? \$ _____
	Does your landlord set a weight limit for pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lb. Wt. Limit _____
	Do you currently have a Pet Deposit held by your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the pet deposit per household, or per animal? _____	

How many hours per day will this cat be: Inside? _____ Outside? _____ Crated? _____

Total number of individuals in household: _____ Ages of children in household: _____

Do all of the adults in your household consent to the adoption / fostering of this cat? Yes No

Does anyone in your household have known allergies to: Cats Yes No // Dogs Yes No

If you had to move, what would you do with this cat? _____

Why do you want to adopt a cat? _____

What is your primary criteria for this cat? _____

Is this your 1st experience with a cat? Yes No Do you or your spouse travel frequently? Yes No

Where would the cat stay if you went out of town? _____

Where will this cat be kept while you are at work or away from home? _____

Who will be the primary caregiver? _____

FOR CHS USE ONLY

CHS Number: _____ Cat Name: _____ Cat DOB: _____

Sex: M F Color: _____ Breed/Description: _____

VSA given? FOR: Exam FVRCP Vac Deworm FeLV Vac. Rabies FeLV Test Spay/Neuter Exp _____

Other: _____

ID Tag # _____ Pet Owner Manual provided Adoption Policy explained
 Pet History completed Application & Contract signed

Payment Information

Check # _____ Adoption Fee: \$ _____
 Cash _____ Additional Charges: \$ _____ Total Paid: _____
 Online

Application reviewed by: _____ CHS Adoption Counselor: _____

Notes: _____

HUMANE SOCIETY OF COPPELL, INC. CAT ADOPTION / FOSTER CARE APPLICATION

Pet Ownership History:

Other vets you have used with in the past 5 years (include city, state & phone #): _____

Total number of pets you currently own: _____ # of Dogs: _____ # of Cats: _____ # Other: _____

Are all pets in your household current on their vaccinations? Yes No

Are any cats in your household diagnosed with diseases such as: Feline Leukemia (FeLV) Yes No

Feline Infectious Peritonitis (FIP) Yes No Feline Immunodeficiency Virus (FIV) Yes No

Please list all pets currently owned

Name	Type	Breed	Sex	Spayed/Neutered?	Inside/Outside/Both?	Age	Declawed?

List all pets owned within the past 5 years not currently owned. (include deceased, lost, stolen, sold, or given away):

Name	Type	Breed	Sex	Spayed/Neutered?	Inside/Outside/Both?	Age	Declawed?

Have you ever surrendered an animal to a rescue program, shelter, or animal control? Yes No

Are you planning to declaw this cat? Yes No

If you have dogs, have they been exposed to cats before? Yes No

No cat is perfect! Please tell us what behaviors you are unwilling or unable to work through. Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Eliminating outside the litterbox | <input type="checkbox"/> Scratching furniture or carpet | <input type="checkbox"/> Jumping on counters |
| <input type="checkbox"/> Rough play (biting) | <input type="checkbox"/> Meowing | <input type="checkbox"/> None of the above |

Other _____

By submitting this application, I confirm that all information in this application is correct and complete and I acknowledge that I have read, understand and agree to all the terms and conditions of the adoption contract (pages 4 & 5). I authorize my landlord, veterinarian and any other parties contacted to release information confirming this application to CHS for verification. Failure to provide accurate information will forfeit my adoption fee and revert ownership of this animal to CHS. Your signature will be required at the time you meet with a CHS representative.

Potential Adopters and Foster Caregivers are screened for suitability. CHS reserves the right to refuse placement of an animal for any reason. Animals may be removed from unsuitable homes at any time based upon the discretion of the CHS Board of Directors.

Adopter/Foster Caregiver Signature: _____ Date: _____



VOLUNTEER WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

By signing below, I hereby accept a position as a Volunteer for the Coppell Humane Society, upon the following terms, conditions and understandings:

Terms and Conditions

1. My services to CHS are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation or other payment of any kind whatsoever.
2. My services are furnished without any employment-type benefits, including employment insurance programs, unemployment compensation, and workers compensation accrual in any form, vacations or sick time.
3. I will familiarize myself and comply with CHS policies and procedures applicable to Volunteers. In particular, I fully understand that CHS expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a Volunteer.
4. I understand that I am a representative of Coppell Humane Society, and I will present myself in a professional manner including good hygiene and proper clothing attire.
5. I will not make decisions on behalf of the organization or the animals in the organization or provide opportunities that are not approved by the Coordinators or Board of Directors.

Release

1. I understand that the handling of animals and other Volunteer activities including but not limited to parades, adopt-a-pets events, and fostering on behalf of the Coppell Humane Society may place me in a hazardous situation and could result in injury to me or my personal property including death. On behalf of myself, and my heirs, personal representatives, successors, and assigns, I hereby release, discharge, indemnify and hold harmless CHS and it's directors, officers, volunteers, members and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of CHS.
2. I understand that CHS does not maintain an insurance policy covering any circumstances arising from my participation in any volunteer activities.
3. Understanding that public relations is an important part of a Volunteer's activities on behalf of the Coppell Humane Society, I hereby authorize CHS to use any photographs of me in its possession for public relations purposes. I ask that CHS use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.
4. In signing this release, I acknowledge that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily. I am at least 18 years of age and fully competent.

Date	Signature of Volunteer	Signature of CHS Representative
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If you are under 18, we must have your parent or legal guardian's signature below.

PARENT OR LEGAL GUARDIAN
(FOR VOLUNTEERS 17 AND YOUNGER)

As a parent or legal guardian of the above-named volunteer, I hereby give consent for my child or ward, as the case may be, to become a Volunteer for the Coppell Humane Society as described in the above Volunteer Agreement and, by the signature below, join in and agree to be bound by the terms and conditions of the Release.

Date	Signature of Parent or Legal Guardian
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