



Welcome to the Coppell Humane Society (CHS). Thank you for your interest in fostering a rescued pet. The animal's welfare is our foremost consideration. This consultation process is designed to help us in finding an animal most compatible with your lifestyle and to determine if fostering is in the animal's best interest.

## DOG FOSTER APPLICATION

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

In order to be considered as an adopter today, 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 if renting or leasing (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: _____              |

***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, I give permission for CHS to investigate and confirm the information that I provide. I agree that this information can be shared with other humane societies or rescue groups.

\_\_\_\_\_ I give permission for a CHS representative to visit my home prior to adoption to do a home check and after adoption to do follow-up checks on my adopted pet if requested.

\_\_\_\_\_ I understand the animal may not be able to go home with me today pending vet check, home visit, application information verification, or medical treatments that the animal may still require.

\_\_\_\_\_ 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.**  
**DOG ADOPTION / FOSTER CARE APPLICATION**

**Foster Information**

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

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

Conditional Terms: \_\_\_\_\_ Trial Expiration Date: \_\_\_\_\_

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

|                     |  |  |                     |
|---------------------|--|--|---------------------|
| <b>Renter Info:</b> | 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 long at current address? \_\_\_\_\_ Yrs., \_\_\_\_\_ Mos. Do you plan to move in the next 12 months?  Yes  No

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 dog?  Yes  No

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

Why do you want a dog? House pet / Outdoor pet / Guard dog / Watch dog / Gift / Companion for child or other pet?

Do you have preferences as to breed, sex, size, etc.? Please specify. \_\_\_\_\_

How many hours per day will this dog be: Inside? \_\_\_\_\_ Outside? \_\_\_\_\_ Crated? \_\_\_\_\_

Do you have a fenced yard?  Yes  No Type of fence: Wood / Chain Link / Other: \_\_\_\_\_ Height? \_\_\_\_\_ ft.

How many hours will this pet be home alone during the day? \_\_\_\_\_ at night? \_\_\_\_\_

Where will this pet be kept while you are away from home? \_\_\_\_\_

If you had to move, what would you do with this dog? \_\_\_\_\_

How will you keep your dog confined? On leash / in house / fenced yard / dog run / chain / crate / other \_\_\_\_\_

How will you transport this dog? \_\_\_\_\_

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

Is this your 1<sup>st</sup> experience with a pet?  Yes  No

Have you considered the costs involved in adopting a pet (food, vet care, housing, damage to property)?  Yes  No

Do you realize you will likely have to houstrain this dog?  Yes  No Have you houstrained dogs before?  Yes  No

If yes, what houstraining method was used? \_\_\_\_\_

How much time will you allow for this animal to become houstrained? \_\_\_\_\_

Do you plan to take your dog to obedience training?  Yes  No  Maybe If yes will you attend too?  Yes  No  Maybe

Are you familiar with heartworm disease?  Yes  No

If you have or had dogs, are/were they on heartworm preventative?  Yes  No What kind? \_\_\_\_\_

Please check all behaviors that you are unwilling or unable to work through.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Eliminating in the house | <input type="checkbox"/> Digging                              | <input type="checkbox"/> Destructive behavior or chewing |
| <input type="checkbox"/> Escaping                 | <input type="checkbox"/> Barking                              | <input type="checkbox"/> Rowdy or hyper behavior         |
| <input type="checkbox"/> Aggression towards cats  | <input type="checkbox"/> Aggression toward dogs               | <input type="checkbox"/> Aggression toward children      |
| <input type="checkbox"/> Mouthiness / Nipping     | <input type="checkbox"/> Jumping on people                    | <input type="checkbox"/> Scratching on doors             |
| <input type="checkbox"/> Separation anxiety       | <input type="checkbox"/> Food Aggression                      | <input type="checkbox"/> Other:                          |
| <input type="checkbox"/> Getting on furniture     | <input type="checkbox"/> Pulling on leash when trying to walk | <input type="checkbox"/> None of the Above               |

**Pet Ownership History:**

Other vets you have used within 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 dogs in your household diagnosed with or have been diagnosed with diseases such as:

Heartworm disease  Yes  No    Canine Distemper  Yes  No    Parvo Virus  Yes  No

**Please list all pets currently owned**

| Name | Species | Breed/Description | Sex | Spayed/Neutered? | Inside/Outside/Both? | Age |
|------|---------|-------------------|-----|------------------|----------------------|-----|
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |

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

| Name | Species | Breed/Description | Sex | Spayed/Neutered? | Inside/Outside/Both? | Age |
|------|---------|-------------------|-----|------------------|----------------------|-----|
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |
|      |         |                   |     |                  |                      |     |

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

*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