



*** For staff use ONLY***

Person#: _____

FOSTER CARE APPLICATION

Please return completed form to the Cheyenne Animal Shelter via: mail, email,
or drop it off at the Shelter Monday-Sunday between 11am-6pm

Address:

Cheyenne Animal Shelter
ATTN: Foster Coordinator
800 Southwest Drive
Cheyenne, WY 82007

Email:

Foster@caswy.org

Foster Requirements:

- Must be 18 years or older
- Must live in Laramie County
- All of your owned pets must be current on vaccinations and be spayed/neutered (exceptions do apply)
- Have a pet friendly home
- Must have ability to transport animals to and from the Shelter
- Foster animals must live indoors (not including livestock)

Please print clearly:

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home: _____ Work: _____ Cell: _____

How did you hear about the foster program?

Please tell us about your property:

1. Type of residence: **Home** **Apartment** **Condo** **Mobile Home**

Do you **Rent/ Own** your home? _____

2. **A.** Landlord's name and phone number (if you rent):

B. Does your landlord allow pets? **Yes / No** _____

3. Is your yard fenced? **Yes / No** _____

a. if so, what kind? **4ft / 5ft / 6ft** is it **wood/ chain link/ privacy fencing** _____

Please tell us about your pets and preferences

1. Do you have any house pets now? **Yes / No** _____

a. Please describe species / breed/ age/ sex/ spayed/neutered

i. Pet:

ii. Pet:

iii. Pet:

iv. Pet:

** If you have more please use the reverse side to list all other pets in the home

b. Are all of your pets currently vaccinated? **Yes/ No** _____

For what?

c. Have your cats been tested for Feline Leukemia? **Yes / No** _____

2. Which foster opportunities are you interested? Please check all that apply.

Neonatal Fosters:

Mother Cat with Nursing Young: Mom will need to be kept with her kittens until they are weaned at 4-6 weeks of age.

Mother Dog with Nursing Young: Mom will need to be kept with her puppies until they are weaned at 4-6 weeks of age.

Bottle Baby Kittens: Kittens from 0-4 weeks of age without a mother who need to be bottle fed. Often requires round the clock care until they are weaned.

Bottle Baby Puppies: Puppies from 0-4 weeks of age without a mother who need to be bottle fed. Often requires round the clock care until they are weaned.

- Gruel Kittens:** Kittens from 3-5 weeks of age who are somewhat eating on their own. Will require multiple feedings and up to 5-6 weeks of care
- Gruel Puppies:** Puppies from 3-5 weeks of age who are somewhat eating on their own. Will require multiple feedings and up to 5-6 weeks of care
- Weaned Kittens:** Kittens from 5-8 weeks of age that may need 2-4 weeks of care.
- Weaned Puppies:** Puppies from 5-8 weeks of age that may need 2-4 weeks of care.

Adoption Agent

- Adoption Agent:** Adoptable dogs that may need some time away from the shelter due to stress, anxiety, long stay, etc.
- Adoption Agent:** Adoptable cats that may need some time away from the shelter due to stress, anxiety, long stay, etc.
- Adoption Agent:** Small Mammals/Birds Rabbits, Guinea Pigs, Rats, Birds, etc who may need some time away from the shelter

Wellness:

- Behavior-** Adult dogs who may need some work with specific behaviors before making available for adoption. Full support from our behavior coordinator
- Injured and/or Sick Animals:** Dogs and/or Cats recovering from surgery in need of rehabilitation. Can be anywhere from a 2 week to 2+ month commitment.
- Behavior:** Under-Socialized Cats/Kittens Helping scared/semi-feral cats/kittens become companion animals. Will require a lot of patience and work with handling.

3. Do you have any prior experience with the type of foster you are willing to provide? **Yes / No**
Please note, no experience is required, and we are happy to train you in all areas!

4. Do you have any additional training or special skills that would benefit the foster program?

5. Describe the area(s) where your foster animals(s) will be housed:

6. Are you able to keep your foster(s) separate from your own animal(s)? _____

7. Are you willing to administer medications should your foster(s) require them? **Yes / No** _____

8. Do you work full time? _____ Part time? _____ At home during the day? _____

9. How many hours per day will the foster animal(s) be left alone? _____

10. For what length of time can you foster an animal? _____

Please tell us about your family

1. Does everyone in the household agree with your decision to do foster care for pets?

Yes/ No _____

2. Please list all members of your household including ages and genders:

3. Does anyone in your home have known allergies to pet hair? **Yes/No** _____

THE FOSTER PARENT UNDERSTANDS AND AGREES TO ADHERE TO ALL RELEVANT ZONING AND ANIMAL CONTROL CODES AND ORDINANCES, WHETHER LOCAL, COUNTY, OR STATE.

Foster Parent Signature: _____ Date: _____