

Please list any other experiences that you feel will be beneficial while fostering our dogs.

NOTE: Use of a crate is strongly recommended.

What circumstances would force you to return a foster dog in your care?

Veterinarian Reference

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____

Personal References

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____
Credentials, if any (such as rescue volunteer or breeder): _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____
Credentials, if any (such as rescue volunteer or breeder): _____

Would you be willing to let one of our representatives visit your home by appointment? ___ Yes ___ No
If not, Why? _____

All of the above information I have given is true and complete. I understand that it is my decision whether or not to foster any particular dog. I will not hold CPC responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any dog I may decide to foster or volunteer my time to help.

Thank you for volunteering to become a foster home for CPC. One of our volunteers will contact you shortly. We look forward to working with you.

AT IT'S SOLE DISCRETION, CPC RESERVES THE RIGH TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.

Applicant Signature: _____ Date: _____