



PO Box 252 Manchester, TN 37349 – 931-728-0903\

Foster Care Application

Name: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Phone Numbers: (H) _____ (C) _____ (W) _____

Number of Family Members in Home: _____ Ages: _____

What kind of animal(s) would you like to foster? (Species, breed, size, gender; list all preferences)

Do you have animals in your home: (Species, breed, size, gender, spayed/neutered- List all)

How are your animals housed at night? _____

During the day (if different): _____

How will your foster animals be housed? Check here if the same _____

Describe fenced areas: Check here if inside only _____

Family Veterinarian: _____ Phone: _____

How many hours would your foster animal be without an adult caregiver? _____

If it is necessary to keep foster animals separated from your pets, how would you accommodate this?

Would you be able to transport animals to week-day vet appointments and/or adoption events? Yes No

Do you have a substitute who can care for animals when you are not available? Yes No If so, please

add information. Name _____ Phone _____

Address _____

Signature: _____ Date: _____

Reviewed by-CCHS staff: _____ Date: _____

Approved/Denied- Denial Reason: _____

