

# Calvin & Susie Hawaii Animal Foundation Foster Application

Thank you for your interest in fostering a companion animal through CSHAF!  
Please fill out this form to the best of your knowledge. We will be in contact if it  
appears you are a good match for CSHAF and the animals we foster.

Mahalo!

Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Are you over the age of 21? \_\_\_\_\_ (yes or no)

How many adults in your household (including you)? \_\_\_\_\_

How many children? \_\_\_\_\_ Ages of children? \_\_\_\_\_

Do you currently have pets? If so, how many animals? \_\_\_\_\_

Please detail age, species, and breed of all animals in your home

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**Are all the animals in your care neutered or spayed? \_\_\_\_\_ (yes or no)**

**If no, do you have plans to neuter/spay the animal/s in your care?**

\_\_\_\_\_ (yes or no)

**If no, please explain**

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**Are your animals all up-to-date on their vaccinations? \_\_\_\_\_ (yes or no)**

**If no, please explain**

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**Do any of your animals have any communicable or chronic diseases/  
ailments that could impact the health of a foster animal?**

\_\_\_\_\_ (yes or no)

**If yes, please explain:**

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**Have you fostered an animal before? Prior foster experience is not required. \_\_\_\_\_ (yes or no)**

**If yes, please give a brief background of your fostering experience, including species/breed of animal and name of organization you fostered through.**

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**If you currently don't have pets, have you ever been the caregiver/guardian of an animal? \_\_\_\_\_ (yes or no)**

**If yes, please detail species/breed of up to 2 previous pets:**

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**What best describes your current residence:**

Apartment? number of bedrooms\_\_\_\_\_

Studio apartment? approximate square feet\_\_\_\_\_

House? approximate square feet \_\_\_\_\_

Other, can you please explain?

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**You can provide proof that your residence allows animals and that you would be within the number of animals allowed in your unit/on your property? \_\_\_\_\_ (yes or no)**

**If no, please explain**

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**Would you specifically like to foster a dog or a cat? Would you be willing and able to foster either a dog or a cat? Please specify.**

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Other, please name the companion animal/s you are interest in fostering:

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**Do you have experience with feral or special needs animals? Please detail the scope of your experience.**

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**Do you have any veterinary or first-aid training? \_\_\_\_\_ (yes or no)**

**If yes, please detail:**

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**Are you willing to foster a cat with FIV or FeLV? \_\_\_\_\_ (yes or no)**

**Are you willing to foster a pregnant or nursing animal? \_\_\_\_\_ (yes or no)**

**Do you have experience bottle feeding? \_\_\_\_\_ (yes or no)**

**If you are selected to be a CSHAF foster, a home visit will be required. Will you permit a home visit? \_\_\_\_\_ (yes or no)**

**If no, please**

**explain\_\_\_\_\_**

**Why do you want to be a foster for CSHAF?**

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**To the best of my knowledge, all of the above information is true. I understand that falsification of any kind is grounds for dismissal of my application and termination of any foster agreement with CSHAF.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

\*NOTE: Upon completion of this application please submit it to your CSHAF representative or email to [info@cshaf.org](mailto:info@cshaf.org)

**Internal Use Only**

Application No. \_\_\_\_\_

Date Received: \_\_\_\_\_ Status of Application: \_\_\_\_\_