



Canines Helping Independent People, Inc.

2322 44th Street, NW

Canton, Ohio 44709

Phone (330) 493-7643

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A Service Dog and Educational Training Program

FOSTER HOME APPLICATION

Date _____

Name _____ Age _____

Date of Birth _____ Social Security Number _____

Address _____
Street City State Zip County

Home Phone _____ Work _____
Area Code Number Area Code Number

Number of years at current address _____

How many people live in your home? _____ What are their ages? _____

Are you a home owner? _____ If not, describe your living situation. _____

List the breed, age, and gender of each pet in your home. _____

If you have pets, who is your veterinarian?

Clinic Name _____ Vet's Name _____

Address _____
Street City State Zip

Phone Number _____

Who will be responsible for the dog in training? _____

Has the person responsible for the training had any previous experience? _____

If yes, explain. _____

(over)

Do you prefer a certain breed (golden or Labrador retriever) or a certain gender (male or female)?

As a volunteer trainer, would you be willing to do public demonstrations with your dog in training?

**Have you ever been investigated for animal cruelty or neglect by a humane organization? _____
 If yes, explain. _____**

I attest that to the best of my knowledge the above provided information is accurate.

The undersigned acknowledges that any dog which he/she fosters is owned by Canines Helping Independent People, Inc. and all decisions regarding the dog, including its well-being and placement, are made by Canines Helping Independent People, Inc. If the dog is Released from the C.H.I.P. program, a pet home will be found from the approved list. In the event a pet home cannot be found, I may request and be considered to become the owner of the dog. I understand that Canines Helping Independent People, Inc. has the right to deny my request.

Signed _____ Date _____

Please provide very detailed directions to your home: _____
