



## Foster Home Application – Dog/Puppy

Please answer the following questions so we may make the best possible match for you and a foster animal.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_ How long? \_\_\_\_\_ Work Phone: \_\_\_\_\_

No. of adults in household \_\_\_\_\_ Ages of any children \_\_\_\_\_

Do you live in \_\_\_ House \_\_\_ Condo/Townhome \_\_\_ Apt. \_\_\_ Mobile Home \_\_\_ Other \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ Is a pet deposit required? \_\_\_ yes \_\_\_ no Paid? \_\_\_ yes \_\_\_ no

Landlord/Complex/Phone \_\_\_\_\_

How long at this address? \_\_\_\_\_

Do you have a fenced yard? \_\_\_ yes \_\_\_ no Type: \_\_\_\_\_ Height: \_\_\_\_\_

Where will the dog be during the day? \_\_\_\_\_ At night? \_\_\_\_\_

When you aren't at home? \_\_\_\_\_ How long might the animal be left alone? \_\_\_\_\_

As Required by Law – How will the dog be confined to property (Circle One)

FENCED YARD    TROLLY    KENNEL/PEN    CHAIN    GARAGE    PATIO

CRATE                  OTHER \_\_\_\_\_

Is there permanent shelter outdoors? \_\_\_ yes \_\_\_ no      Type: \_\_\_\_\_

Please list all pets you currently have in your home:

Name	Dog/Cat/Other	Age	Spayed/Neutered?	Current of Vaccinations?	Inside/Outside

What veterinarian do you use? \_\_\_\_\_

Are your dog(s) current on vaccinations? \_\_\_ yes \_\_\_ no Due date: \_\_\_\_\_

Are your dog(s) on heartworm preventative? \_\_\_ yes \_\_\_ no Type: \_\_\_\_\_

Next due date: \_\_\_\_\_

Why do you want to foster? \_\_\_\_\_

Is everyone in the household committed to being a foster family? \_\_\_ yes \_\_\_ no

How long are you willing to foster a particular animal? (circle one)

WEEK MONTH AS LONG AS IT TAKES OTHER \_\_\_\_\_

How did you hear about APAWS? \_\_\_\_\_

Please check the type of animals you would be interested in fostering:

- |  |  |
|--|--|
| <input type="checkbox"/> Newborn puppies         | <input type="checkbox"/> Small adult female (under 20 lbs) |
| <input type="checkbox"/> Mother and puppies      | <input type="checkbox"/> Medium adult female (20-50 lbs)   |
| <input type="checkbox"/> Puppy (6-12 weeks)      | <input type="checkbox"/> Large adult female (50+ lbs)      |
| <input type="checkbox"/> Litter of puppies (2-4) | <input type="checkbox"/> Small adult male (under 20 lbs)   |
| <input type="checkbox"/> Litter of puppies (4+)  | <input type="checkbox"/> Medium adult male (20-50 lbs)     |
| <input type="checkbox"/> Housebroken dog only    | <input type="checkbox"/> Large adult male (50+ lbs)        |
| <input type="checkbox"/> Outside only            | <input type="checkbox"/> Inside only                       |
| <input type="checkbox"/> Special needs           |  |

\_\_\_\_ **EMERGENCY FOSTER ONLY.** Sometimes pets are brought from vet's offices or found on weekends. Check if you can foster until the vet's offices open on Monday.

**Thank you for taking the time to fill out this application completely and thank you for applying to become a foster parent. Please remember that all food and medical needs are provided...All you supply is LOVE. We will be in touch with you soon.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APAWS REPRESENTATIVE**

\_\_\_\_\_  
**DATE**



## Hold Harmless Agreement

***Thank you for your interest in becoming a foster parent for a homeless pet. Please read and sign the following. It will give you more information regarding the responsibilities of an Animal Protection and Welfare Society (APAWS) foster parent.***

I am over the age of eighteen (18) and am interested in helping APAWS as a volunteer foster parent.

All of my animals will be current on ALL of their vaccinations before a foster animal is placed in my home. I understand that APAWS foster animals will be checked by a veterinarian including, for cats/kitten FeLV/FIV tested, and vaccinated (rabies and RCP or RCCP) and for dog/puppies heartworm tested and vaccinated (rabies, DHLPPC, Bordatella (kennel cough)), unless they are underage for any of these procedures. However, I also understand that the history of most foster animals is unknown and APAWS will not be held responsible for any inadvertent exposure of foster parents or their own animals to unknown diseases or other medical conditions. I knowingly accept this risk on behalf of myself and my own animals. I understand that APAWS expects foster parents to follow good hygiene practices at all times and suggests keeping the foster animal isolated from other animals for a period of seven to ten days (inclusive of initial stay at the veterinarian) when the animal is first introduced into the foster parent's home.

I will bring my foster animal to scheduled adoption events as notified by APAWS. If I cannot transport my adoptable foster animal to an adoption event for any reason, I will notify APAWS and use my best efforts to help make alternate arrangements for its attendance at the adoption event.

I understand that my foster animal must be adopted out through APAWS' adoption procedures (including an application and interview) at a fee of \$75.00.

I will provide loving attention and proper care for my foster animal and understand that APAWS has the right to remove any animal from a foster home, if it would be in the best interest of the animal and/or the foster home. I will transport my foster animal to a veterinarian when necessary and will contact the appropriate APAWS representative prior to taking a foster animal to the veterinarian, unless the situation is an emergency. I will keep a record of the animal's name and APAWS number to be given to the veterinarian at the time of treatment.

I authorize APAWS to contact any person or entity named in this application to verify the information given. An APAWS representative may visit my home before this application is approved or during the time that I am fostering an animal for APAWS.

I understand that APAWS will not be liable for any injury or damage to persons or property caused by a foster animal in my care and I agree to indemnify and hold APAWS harmless from any such injury or damage.

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Applicant's Signature

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Date

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APAWS Representative's Signature

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Date