Thank you for being part of Apollo’s ARC’s mission to save animals’ lives and provide them with a safe, loving home environment. We could not rescue and rehabilitate as many animals without people like you opening your home and committing your time to the health, training and wellbeing of the animals in the Apollo’s ARC family. This application is to help us best match you with a pet that best suits your home life, lifestyle, and the pets’ needs. We appreciate your time in completing this form in its entirety.

Personal Information:

I am interested in the following (check all that apply):

☐ SHORT-TERM FOSTER ☐ LONG-TERM FOSTER

☐ FOREVER FOSTER (MEDICAL OR BEHAVIORAL HOSPICE)

☐ FOSTER TO ADOPT ☐ ADOPT

Your Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Best Contact Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Best Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Days and Times to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant (over age of 18 who will also be responsible for pet):

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Best Contact Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Best Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Days and Times to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Family and Housing

Do you Rent: ☐ Yes ☐ No Do you Own: ☐ Yes ☐ No

If neither, please explain your living situation:

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If you rent, do you have permission to have a pet living with you on the premises?

☐ Yes ☐ No

Does your landlord, HOA or personal insurance have any breed restrictions? ☐ Yes ☐ No

If yes, what are those restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you rent, we will need to verify this information with your landlord or rental agency. We will also need to see the pet agreement and confirm you have paid all pet fees and deposits.

Please provide a contact name and phone number for verification.

Landlord Name / Agency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complex Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many adults do you have in your home besides you?

☐ 1 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ 2 Relationships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ 3 or more Relationships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children do you have in your home?

☐ 1 child: Age and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ 2 children: Ages and relationships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ 3 or more children: Ages and relationships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What type of home do you live in?

☐ Single family home with fenced-in yard ☐ Apartment, condo, townhouse

☐ Single family home with yard but no fence ☐ Farm, rural setting

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your household:

☐ Active ☐ Noisy/Loud ☐ Quiet ☐ Homebody ☐ Calm ☐ Organized ☐ Chaotic

Does anyone in your household have a known allergy to hair, dander or a particular type of pet

(i.e. cat dander, dog fur)? ☐ Yes ☐ No

If someone in your home presented with an allergy to the dog, what would be the steps you would take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is everyone in your family in agreement to bring a dog into your home, to love and care for it and follow protocols to keep you, your family and the dog safe and cared for?

☐ Yes ☐ No



Other Pets in the Home

What other pets do you have in your home? Please provide breed, gender, name and age.

Genders include Unaltered Male, Neutered Male, Unaltered Female, Spayed Female.

(i.e. Doberman, Neutered Male, Baxter, 4 years old and Hamster, Female, Ellie, 2 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are all these pets up to date on their vaccinations? ☐ Yes ☐ No

If No, why not and what is your plan for getting them up to date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are any of your pets not spayed or neutered? ☐ Yes ☐ No

If No, which pet(s) and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever surrendered a pet? ☐ Yes ☐ No

If so, please describe what happened, the type of pet and why you surrendered it.

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Have you ever had a pet euthanized? ☐ Yes ☐ No

If so, please describe what happened, the type of pet and why you euthanized it.

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Have you ever lost your pet in an accident? Lost can be physically lost or death. ☐ Yes ☐ No If so, please describe what happened, the type of pet and why you euthanized it.

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How do you discipline your pets and under what circumstances do you find discipline necessary?

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Do you have a regular veterinarian? ☐ Yes ☐ No

If yes and you have other pets in the home, would you be willing to release proof of their vaccinations and spay/neuter to Apollo’s ARC for review? ☐ Yes ☐ No

If yes, please provide the following:

Veterinarian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Your Ideal Pet:

What age range would you prefer in a new pet (foster or adopt):

☐ Newborn ☐ Puppy (4 months to 2 years)

☐ Adult (3 years to 7 years) ☐ Senior (8 years and older)

Desired Size of Pet:

☐ Miniature (Chihuahua; Teacup Breeds, most cats, reptiles and rodentia)

☐ Small (Boston Terrier; Brussels Griffon; Chihuahua; Maltese; Miniature Dachshund; Miniature Pinscher;

Papillion; Pomeranian; Toy Poodle; Yorkshire Terrier and large breed cats like Maine Coon, etc.)

☐ Medium (Beagle; Bichon Frise; Boston Terrier; Cavalier King Charles Spaniel; Cocker Spaniel; Corgi;

Dachshund (standard size); French Bulldog; Jack Russell Terrier; Lhasa Apso; Miniature Poodle;

Pekingese; Pug; Scottish Terrier; Shih Tzu; Welsh Corgi)

☐ Large (Smaller Bulldog; Cocker Spaniel; Corgi; French Bulldog; Golden Retriever; Staffordshire Terrier and Staffy mixes)

☐ Extra Large (Airedale Terrier; American Foxhound; Australian Shepherd; Bassett Hound; Boxer;

Doberman Pinscher; Greyhound; Labrador Retriever; American Bully Mix types; Siberian Husky)

☐ XX Large (Akita; Bernese Mountain Dog; Doberman Pinscher; German Shepherd; Golden Retriever;

Great Dane; Greyhound; Labrador Retriever; Pitbull; Rottweiler; Standard Poodle; Vizsla; Weimaraner)

Do you have a desired breed or type of pet? (Note: Pitbull or bully mix) is a TYPE of dog, not a breed. If you are willing to consider any type or breed of pet, simply type N/A.

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Is there a breed or type of pet you WON’T foster and/or adopt? If you are willing to consider any type or breed of pet, simply type N/A.

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Desired Sex of Pet: ☐ Spayed Female ☐ Neutered Male

Are you willing to foster and/or adopt:

☐ A shy pet ☐ An outgoing/social pet ☐ A pet with a lot of energy

☐ A pet that has medical issues/needs medical attention ☐ A pet that has behavioral issues

☐ A pet that needs basic training (house breaking, basic obedience, etc.)

☐ A pet that requires a lot of grooming

Do you have a fenced-in yard? ☐ Yes ☐ No

If this is an indoor/outdoor pet (i.e. dog, rabbit), what is the protocol you will use to ensure they are safe and cannot escape/run away when they are outside? How will this pet be supervised?

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Who will have primary physical responsibility for this pet, including their daily care?

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Who will have financial responsibility for this pet, including their training and vaccinations and medical care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you agree to provide regular health care by a licensed veterinarian? ☐ Yes ☐ No

Do you agree to keep the dog as an indoor dog? ☐ Yes ☐ No

Do you agree to contact Apollo’s ARC if you can no longer keep the dog? ☐ Yes ☐ No

Are you willing to let a representative of Apollo’s ARC visit your home and perform a home check?

☐ Yes ☐ No

If foster or foster to adopt, do you understand that an Apollo’s ARC representative can request to view medical records and see the pet in your home environment and you must comply to the request within reason? ☐ Yes ☐ No

What is your level of experience with pets and type:

Beginner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intermediate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expert: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Personal References

Please list three individuals, at least two of whom are not related to you who have familiarity with you and your pets:

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that this application will be reviewed by and verified by Apollo’s ARC and Apollo’s ARC representatives. I understand that Apollo’s ARC’s goal is to help me find the right pet for my home environment and lifestyle both for my success and safety as well as the success and safety of any pet(s) placed within my care. Therefore, I verify I have completed it completely and honestly in order to ensure proper placement of an animal(s) in my care. I understand that if any information in this application is found to be untrue, I will be removed from Apollo’s ARC’s foster/adopter list and such information may be shared with Apollo’s ARC’s partners including trainers, other rescues and shelters.

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Printed Full Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

*Apollo’s ARC is a registered California 501(c)(3) located at 803 Camino Flores Thousand Oaks, California 91360. Apollo’s ARC can be contacted directly via web form at: https://apollosarc.org/contact-us*



Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes and Concerns/Verification during Home Check

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