



FOSTER APPLICATION

Foster's Information

Name: _____ DOB: _____
Street Address: _____
City, State, Zip: _____
Driver's License #: _____ State: _____
Email: _____
Phone: (H) _____ (C) _____ (W) _____
Employer: _____ Phone: _____
Address: _____
Time Employed: _____

Person to contact in case of emergency:

Name: _____ Relation: _____
Phone: _____

Please provide previous address if you have lived at your current address for less than 5 years:

Living Arrangements

Do you:

- Own Home Own Condo/Townhome/Apartment
 Rent Home Rent Condo/Townhome/Apartment
 Other

If renting, please provide landlord's name & phone: _____

Do you have a fenced in yard:

Type of fence and height:

Are there any slats/openings (including easily opened gates) that could allow a small dog to get in/out?

Please list all persons living with you & ages: (if none, write n/a)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Is everyone in your home aware that you have applied to foster?

Yes No

Is everyone agreeable to having a foster at home?

Yes No

If no, please explain: _____



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Animal Care

Please list all animals living with you: (if none, write n/a)

Name: _____ Age: _____ Breed: _____

Date of last vaccinations: _____

Spayed/Neutered? Yes No

Veterinarian Name _____ Phone: _____

Hours per day that foster(s) will be left alone:

During the week:

Less than 4 hours 4-8 hours 8-10 hours More than 10 hours

During the weekend:

Less than 4 hours 4-8 hours 8-10 hours More than 10 hours

While left alone, foster(s) will be:

Individual crate Shared crate In a restricted area of home Free to roam

Other (please explain) _____

Do you understand that sometimes a complete history and temperament of a rescue dog may not be known? Yes No

I only want to foster a dog with a known history

I have a preference to foster:

I can take any dog

Dogs under _____ lbs.

Dogs over _____ lbs.

Female dogs Male dogs

Are you willing to foster a mom and puppies? Yes No

Do you have prior experience caring for young puppies or bottle babies?

Please explain: _____

Are you able to transport foster to vet and adoption events:

Yes No

Do you have any concerns about fostering? _____

If so, please explain: _____

Please provide two references – people who know me (but are not related to me) and my companion animals and who have also been to your home recently:

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____



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Anything else you'd like to add? (special skills, interests, etc.)

By submitting this foster application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, that I am not the rightful owner of the dog and any medical decisions/rehoming decisions will be made by Greenawalds Service Inc. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate termination of the foster contract and the foster dog to be returned. Greenawalds Service Inc. shall be held harmless from and against any and all claims and damages of every kind, for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer (foster) under this agreement, including claims and damages arising in whole or part from the negligence of Greenawalds Service Inc.. I agree to notify Greenawalds Service Inc. of any injuries such as illness, escapes, or any concerns pertaining to my foster as soon as possible.

Signature: _____ Date: _____

Greenawalds Service Inc. Representative Signature: _____