



# FOSTER/ADOPTION 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.)

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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: \_\_\_\_\_