

***E.A.R.L.'S Hope Rescue***  
**Foster Program Application**  
 Extraordinary Animals Rescued, Loved, & Secure

***"Giving Hope where there is none"***

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

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

Phone(s): \_\_\_\_\_ (H) \_\_\_\_\_ (C)

\_\_\_\_\_ (Other)

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

Caretakers in the Home: \_\_\_\_\_

Best Call Time: \_\_\_\_\_

**General Inquiries**

<p>1) What type of residence do you currently live in?  <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhome  <input type="checkbox"/> Trailer <input type="checkbox"/> Other: _____</p> <p>2) Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Own?        If you rent does the lease allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No        Have you already paid a pet deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) How long have you lived there?        _____</p> <p>4) How many times have you moved in the past 5 years? _____</p> <p>5) Do you have a fenced in yard? <input type="checkbox"/> Yes <input type="checkbox"/> No        If so, what kind of material and how tall?        _____        _____</p> <p>6) How many people currently live in the household?        _____</p> <p>7) Are there any children in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No        If so, how many and what are their ages? _____        _____        _____</p> <p>8) Is everyone currently residing in your household aware you have chosen to foster a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10) Where will the foster dog stay....</p> <p>a) While you are in the house?  <input type="checkbox"/> In crate <input type="checkbox"/> Outside in fenced yard while monitored <input type="checkbox"/> Single Room  <input type="checkbox"/> In xpen <input type="checkbox"/> Outside in fenced yard unmonitored <input type="checkbox"/> Free Run of Home <input type="checkbox"/> Garage <input type="checkbox"/> Gated into a specific room (i.e. Kitchen)  <input type="checkbox"/> Basement <input type="checkbox"/> Other:        _____</p> <p>b) While you are out of the house or at night?  <input type="checkbox"/> In crate <input type="checkbox"/> Outside in fenced yard while monitored <input type="checkbox"/> Single Room  <input type="checkbox"/> In xpen <input type="checkbox"/> Outside in fenced yard unmonitored <input type="checkbox"/> Free Run of Home <input type="checkbox"/> Garage <input type="checkbox"/> Gated into a specific room (i.e. Kitchen)  <input type="checkbox"/> Basement <input type="checkbox"/> Other:        _____</p> <p>11) What kind of training/discipline do you use and/or believe in?  <input type="checkbox"/> Positive Reinforcement <input type="checkbox"/> Spray Bottle <input type="checkbox"/> Treats <input type="checkbox"/> Crates  <input type="checkbox"/> Non Aggressive Verbal <input type="checkbox"/> Aggressive Verbal <input type="checkbox"/> Swatting  <input type="checkbox"/> Choker Collars/Chains <input type="checkbox"/> Locking Dog in Room (i.e. garage)  <input type="checkbox"/> Other:        _____        _____</p>
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<p>9) Are there any pets in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what are their species, breeds &amp; ages?</p> <p>a] Name: _____</p> <p>Breed: _____</p> <p><input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other: _____</p> <p>Age: _____ Sex: _____</p> <p><input type="checkbox"/> Spay/Neutered</p> <p>b] Name: _____</p> <p>Breed: _____</p> <p><input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other: _____</p> <p>Age: _____ Sex: _____</p> <p><input type="checkbox"/> Spay/Neutered</p> <p>c] Name: _____</p> <p>Breed: _____</p> <p><input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Other: _____</p> <p>Age: _____ Sex: _____</p> <p><input type="checkbox"/> Spay/Neutered</p> <p><b>**If more continue on space on back of form, thank you**</b></p>	<p>12) Have you ever fostered an animal before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so through what rescue program? _____</p> <p>15) Are you willing to allow a staff member or volunteer of E.A.R.L.'S Hope Rescue to complete an inspection of your home as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Ownership History**

Have you ever owned a dog before that is NOT listed on page 1 of this application?  Yes  No

If so please complete the following:

Name: _____	
Breed: _____	Age: _____ (current or at passing)
Sex: _____	
Spayed / Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>list reason below**</i>	Is this canine still with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>**If not please</i>

Belonged to another resident     Aggression Issues     Allergy Issues     Marriage     Birth  
 Shelter Turn In     Medical Issues (not able to afford treatment)     Medical Issues (Personal)  
 Canine Passed Away  
\*\*If passed away please state  
reason:\_\_\_\_\_\*\*

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

Breed:\_\_\_\_\_ Age:\_\_\_\_\_ (current or at  
passing) Sex:\_\_\_\_\_

Spayed / Neutered?  Yes  No                      Is this canine still with you?  Yes  No    *\*\*If not please  
list reason below\*\**

Belonged to another resident     Aggression Issues     Allergy Issues     Marriage     Birth  
 Shelter Turn In     Medical Issues (not able to afford treatment)     Medical Issues (Personal)  
 Canine Passed Away  
\*\*If passed away please state  
reason:\_\_\_\_\_\*\*

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

Breed:\_\_\_\_\_ Age:\_\_\_\_\_ (current or at  
passing) Sex:\_\_\_\_\_

Spayed / Neutered?  Yes  No                      Is this canine still with you?  Yes  No    *\*\*If not please  
list reason below\*\**

Belonged to another resident     Aggression Issues     Allergy Issues     Marriage     Birth  
 Shelter Turn In     Medical Issues (not able to afford treatment)     Medical Issues (Personal)  
 Canine Passed Away  
\*\*If passed away please state  
reason:\_\_\_\_\_\*\*

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

Breed:\_\_\_\_\_ Age:\_\_\_\_\_ (current or at  
passing) Sex:\_\_\_\_\_

Spayed / Neutered?  Yes  No                      Is this canine still with you?  Yes  No    *\*\*If not please list  
reason below\*\**

Belonged to another resident     Aggression Issues     Allergy Issues     Marriage     Birth  
 Shelter Turn In     Medical Issues (not able to afford treatment)     Medical Issues (Personal)  
 Canine Passed Away  
\*\*If passed away please state  
reason:\_\_\_\_\_\*\*

## References

Please list two references (outside of your own home):

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Best Time to Contact: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Best Time to Contact: \_\_\_\_\_

Please list current veterinarian information if applicable:

Name of Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Veterinarian's Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list any specific questions and/or concerns about our program:

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## Final Agreement

By signing below I understand I am stating that all information provided on this form is truthful and accurate to the best of my knowledge. I understand that by agreeing to foster an animal for E.A.R.L.'S Hope Rescue that I am required to follow their standards and policies to the best of my ability while their animal is in my care. I am acknowledging that I have been made aware either verbally or in written format of these general standards and policies at the time of signing.

I understand that while a foster animal is in my care that any necessary medical treatment will be handled at the veterinarian of E.A.R.L.'S. Hope Rescue's choosing.

I understand that if by any chance I build a special bond with any animal I am fostering I will still return it to E.A.R.L.'S. Hope Rescue no later than the date of the assigned transport or adoption and if I decide to adopt the animal myself I will follow all proper protocol as set forth. I further understand that many animals are previously committed to leave on transport and I may not be able to permanently adopt the animal.

I understand that foster animals have unknown backgrounds and unknown health histories. I am taking a foster animal into my house at my own risk. E.A.R.L.'S. Hope Rescue is not physically or financially responsible for any illness, injury or death inflicted on my personal animals by the foster animal. I will take extreme caution when introducing the foster animals to my personal animals and my children and other family members. I understand that my foster animal will remain in my home until transport or adoption unless permission has been granted to take the animal outside my home.

I understand fully that any falsification of information provided or major violations of E.A.R.L.'S Hope Rescue's policies and procedures are cause for termination of my role as a foster home. I also understand that any violations of state or federal laws especially in regards to the treatment and/or care of animals will not only terminate my role as a foster home but also be reported to local authorities.

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Foster Volunteer's Signature

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Date