



Golden Years Dog Sanctuary
12682 Kagel Canyon Road
Sylmar, Ca. 91342
818-636-1522 goldenyearsdogsanctuary@yahoo.com

APPLICATION AND QUESTIONNAIRE FOR FOSTER OR ADOPTION

Thank you for your interest in fostering or adopting a cat/dog from Golden Years Dog Sanctuary. Please complete the following application. Return to GYDS with a copy of a valid ID and pictures of your home and yard..

PERSONAL INFORMATION (Please print):

Name: _____ Occupation: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone _____ Cell phone: _____

Email: _____

How did you hear about us? _____

HOUSEHOLD INFORMATION:

How many people are in your household? _____

Adults Names, Relationships, and Ages: _____

Children Ages: _____

Does anyone in the household have allergies to dogs? YES NO cats? YES NO

Do all household members agree to you fostering pets? YES NO

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME

Do you: OWN RENT LEASE

How long have you been at this address? _____

If renting/leasing, are there pet restrictions? YES NO

If yes, what are they? _____

Landlord's name: _____ Landlord's phone: _____

Describe your yard:

No yard Unfenced yard Partially Fenced Yard Completely Fenced Yard



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Height of fence: _____ Material of fence: Wood Chain Link PVC Brick

Do you have stairs leading to your home? Yes No If yes, how many _____

Do you have stairs in your home? Yes No If yes, how many _____

Do you have a pool? YES NO. If yes, is it fenced from the rest of the yard? YES NO

Do you already have dogs or cat(s)? YES NO Number of Dogs _____ Cats _____

Are your pets spayed/neutered and up to date on vaccinations? YES NO

Please list all pets below: (use additional paper as necessary)

SPECIES	BREED	AGE	SEX	ALTERED?	VACCINATED?

How would you describe your level of experience with dogs: (check all that apply)

- Never had a dog
- Had one or more dogs as an adult
- Have experience with behavioral problems
- Have experience working in a veterinarian hospital
- Have experience or are a dog trainer
- Have previous Foster experience
- Had dogs in my childhood
- Have experience with "bully" breeds

Is your experience with: Small Medium Large dogs (circle all that apply)

What breeds have you owned/worked with: _____

Where will the foster dog/cat spend most of its time? _____

How many hours of the day will the dog/cat be left alone? _____

Where will the dog/cat sleep? _____



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Where will the dog/cat be when left alone? _____

Are you comfortable with any of the following (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Not housebroken | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Giving medication | <input type="checkbox"/> Needs additional obedience training |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Not good with other dogs |
| <input type="checkbox"/> Not good with cats | <input type="checkbox"/> Deaf or blind |

Are you able to transport the dog/cat to and/or from the veterinarian, an adoption event, or our facility? YES NO

Do you understand that by fostering you agree to care for the dog/cat for an undetermined amount of time, depending on the health of the animal and/or our ability to place him/her in a permanent home? YES NO

Do you agree to foster the dog/cat until such time that we can either place the dog/cat or have room at our facility? YES NO

Do you understand that it is not required, but it is our goal for fosters to adopt their dogs once medical issues have been resolved and the dog is part of your home? YES NO

Have you ever been investigated, arrested, or convicted of animal neglect or cruelty? YES NO If yes, explain:

Why do you want to foster?

Please provide the name, relationship and contact information of one reference not in your immediate family or household.:

Please provide the name and contact information of your veterinarian:

If accepted as a Foster or Adopter, you will be required to complete and sign a foster and/or adoption agreement. Thank you for taking the first step to saving a life!

Signature of applicant

Date