



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? _____



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

Describe your yard:

No yard Unfenced yard Partially Fenced Yard Completely Fenced Yard

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

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

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

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