

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

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's 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 a: ☐ 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 ☐ Partially fenced ☐ Completely fenced

Height of fence: Material: ☐ Wood ☐ Chain link ☐ PVC ☐ Brick ☐ Other

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

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Do you already have dogs or cats? ☐ Yes ☐ No Number of dogs: Cats:

Are your pets spayed/neutered and up to date on vaccinations? ☐ Yes ☐ No

Please list all pets below:

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 worked in a veterinary hospital |
| ☐ Have experience as / are a dog trainer | ☐ Have previous foster experience |
| ☐ Had dogs in my childhood | ☐ Have experience with "bully" breeds |

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

What breeds have you owned/worked with?

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

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

Where will the dog/cat sleep?

Where will the dog/cat be when left alone?

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

- | | |
|---|--|
| ☐ Not housebroken | ☐ Separation anxiety |
| ☐ Giving medication | ☐ Needs additional obedience training |
| ☐ Excessive barking | ☐ Not good with other dogs |
| ☐ Not good with cats | ☐ 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?

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☐ 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: