

NY SAFE HAVEN ANIMAL RESCUE

DOG FOSTER APPLICATION

Date: _____

Name: _____

Address: _____ Apt: _____

Town: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Job Title: _____

Employed Since: _____ Work Phone: _____

Date of Birth (*****WE DO NOT ADOPT TO ANYONE UNDER THE AGE OF 21*****): _____

How did you hear about Safe Haven Animal Rescue? _____

ABOUT YOUR HOUSEHOLD:

Where do you live? House / Apartment / Condo / Trailer / Other: _____ How long at present address? _____

Do you rent or own? _____ Landlord's Name: _____ Landlord's phone #: _____

(If renting) Does your landlord allow pets? _____ Is a deposit required: _____

Live with Parents / Family / Friends (include name(s)): _____ Phone #: _____

Do you have a fenced in yard? _____ How high is the fence? _____

Same height throughout the property perimeter? _____

Does your spouse / significant other / roommate know that you are adopting an animal? _____

What is his / her name and phone # so that we may confirm? _____

of adults in the home: _____ Age(s): _____ # of children in the home: _____ Age(s): _____

Is anyone in the home allergic to animals? Yes: _____ No: _____

Have you ever been denied to foster by another rescue organization or animal shelter? Yes: _____ No: _____

If yes, please explain

ABOUT YOUR PETS & VETERINARY CARE:

Who is your veterinarian? _____ Phone # _____

How long have you been using this vet? _____ Whose name is the account in? _____

Is the address on this application the address on file at your vet's office? _____

Which of your pets has this vet been caring for? _____

WHAT TYPE(S) OF PETS DO YOU OWN OR HAVE OWNED IN THE LAST 10 YEARS?

NAME	TYPE/BREED	AGE	SPAY/NEUTERED	GENDER	STILL ALIVE?

PLEASE COMPLETE IF YOU CURRENTLY HAVE A DOG AS A PET (SEE TABLE BELOW)?

SHOT / PREVENTATIVE	IS YOUR DOG UP TO DATE? YES / NO	DATE LAST GIVEN	WHAT IT PROTECTS AGAINST
DAPP2V			Distemper, Adenovirus, Parvo, Parainfluenza Virus
BORDETELLA			Kennel Cough
RABIES			Rabies
FLEA & TICK			Fleas & Ticks
HEARTWORM PREVENTATIVE*			Heartworm*

* We suggest that you speak with your vet to find the best preventative for your dog.

ANIMAL SURRENDERING:

Have you ever given up or surrendered a pet to a shelter? _____

If so, why? _____

Please check all reasons why you would give up a pet or surrender a pet to a shelter:

- Moving to a place that doesn't allow pets
- Allergies
- Financial difficulties
- Not getting along with other animals
- Animals behavior
- New baby
- Work commitments
- Other _____
- Never

PLEASE PROVIDE THREE (3) REFERENCES BELOW (Non-Relatives):

NAME	PHONE #	RELATIONSHIP TO YOU

DAY TO DAY CARE OF THE DOG(S):

Will this dog(s) be fostered at the address provided in this application? _____

How many hours a day will the dog(s) be left alone? _____

How often will you exercise the dog(s) and for approximately how long?

_____ Where will the dog be kept during the day & night?

_____ Are you willing to allow time (up to 2 to 3 weeks)

for the dog(s) to adjust to its new home? _____

These dogs are not always housebroken & we are unable to guarantee a housebroken dog.

Are you willing to help train them? _____

Sometimes these dogs come to us from the most horrible places. They may be scared and anxious. Are you willing to help this dog acclimate to family life? _____

Sometimes when changing environments, the dog may become nervous and may get diarrhea/an upset stomach. Are you willing to care for the dog, be kind and nurturing, in the event this happens? _____

A home check is required as part of the adoption application process to ensure the home is a safe environment for the dog(s) you are adopting. Do you agree to allow one of Safe Haven Animal Rescue’s representatives to visit your home?

Yes _____ No _____

How long have you been considering fostering a dog? _____

In the event you know someone interested in adopting your foster, the Non-refundable adoption fees are as follows:

THE NON-REFUNDABLE ADOPTION FEE IS \$550 UNLESS STATED OTHERWISE

The adoption fee includes the following:

- Spay / Neuter
- Microchip
- Heart Worm test for all adult dogs over a year old
- Fecal Test
- Flea & Tick Preventative up to date prior to take home
- Heart Worm Preventative up to date prior to take home
- Deworming
- Transport To Long Island
- Rabies vaccine
- Core Vaccinations Following The American Kennel Club Guideline (DHPP’s & Bordatella)

It also includes all vetting and medications, if necessary, that the dog has had while under our care.

Please initial if you understand the fee breakdown. _____

I, the undersigned, agree to the following statements (please initial after each statement):

- The information I provide will be verified before I am approved to foster _____
- False statements or omissions of any of the above information will result in an automatic refusal to foster for SHAR or confiscation of the animal _____
- Safe Haven Animal Rescue has the right to refuse the fostering of any animal to any person _____

NOTE: Completion of this application does not guarantee that you will be approved to foster for SHAR. All applicants are subject to a reference and home check. WE ARE THE ANIMALS’ ONLY VOICE and need to ensure that we place him or her in the home that is best suited for the animal.

Applicant’s Signature _____ Date: _____ Applicant’s

Driver’s License #: _____ State: _____ Expiration Date: _____

THANK YOU FOR CHOOSING TO FOSTER. YOU JUST SAVED A LIFE!



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