



# FOSTER AND TRANSPORTER APPLICATION

P.O. Box 14631, Bradenton, FL 34280; (941)962-3390

[www.pawsandwarriors.org](http://www.pawsandwarriors.org)

Please return this form by emailing to: [info@pawsandwarriors.org](mailto:info@pawsandwarriors.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Best Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

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Why do you want to foster and/or transport dogs for PAWs? \_\_\_\_\_

Type of residence? (single family home, apartment, etc.) \_\_\_\_\_

Do you own your home? \_\_\_\_\_ Number of adults living in the home? \_\_\_\_\_

Number of children? \_\_\_\_\_ Children's ages? \_\_\_\_\_

Year, make, and model of vehicle you would use to transport? \_\_\_\_\_

Driver's license number? \_\_\_\_\_ License plate number? \_\_\_\_\_

Have you ever fostered a dog before? \_\_\_\_\_ How long will this pet be home alone during the day (on average?) \_\_\_\_\_ What other pets (breeds) are in the household? \_\_\_\_\_

Do you have any cats? \_\_\_\_\_ Are your current pets spayed/or neutered? \_\_\_\_\_

Are they on heartworm/flea preventatives? \_\_\_\_\_ Are your current pets up to date on vaccinations? \_\_\_\_\_ Where will our foster dog sleep? \_\_\_\_\_

What is the name, address, and phone number of your veterinarian? \_\_\_\_\_

Do you agree to follow Paws and Warriors instructions when caring for the foster? \_\_\_\_\_

Are you willing to foster a male? \_\_\_\_\_ female? \_\_\_\_\_ Are you willing to contact us with any medical issues/concerns for your foster? \_\_\_\_\_ (If you want to help with costs, thank you!)

Do you agree to get permission before taking our foster dog to any events? \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_

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I, the undersigned, hereby voluntarily releases, discharges, waives and relinquishes any and all claims or causes of action for personal injury, property damage, or wrongful death which may arise out of or in connection with my participation as a foster/volunteer for Paws and Warriors, Inc. Each of the undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby acknowledge and confirm that I have read and voluntarily signed this Release of Liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. Additionally, should the foster fail to follow any instructions given by Paws and Warriors; they shall be held financially and legally liable from any damages arising as a result. I certify that the above information is true.

Full Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying to foster for Paws and Warriors. Your contribution may help save lives!

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For Paws and Warriors Only

Approved for the foster network? \_\_\_\_\_ Approved by? \_\_\_\_\_

Signature of approval authority: \_\_\_\_\_ Date: \_\_\_\_\_

Record of dogs fostered and dates in the foster's care:

Dogs Name	Breed	Dates (From-To)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____