

GATEWAY 4 PAWS

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FOSTER HOME APPLICATION

PO Box 414
Maryville, IL 62062

Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

Email _____ Age _____

Phone (Home) _____ (Cell) _____

Occupation _____ Employer _____

Work Full time _____ Part time _____ Do not work _____

Name, age and relationship of all other individuals in the home _____

Home _____ Apartment _____ Condo _____ Mobile Home _____

Do you own or rent _____ Landlord name and phone # if you rent _____

Is your yard fully enclosed by a fence _____ Type/Style of fence _____ Height _____

If you do not have a fence, how will you take the foster dog out?

Is anyone home during the day? _____ If so, who? _____

If not, how many hours will the foster dog be left alone from humans? _____

Where will the foster be kept when humans are not home? _____

Where in the home will the foster spend days? _____

Where in the home will the foster sleep? _____

Do you have other animals in the home? _____

Type/Age/Breed/Gender of all pets in the home:

Are they spayed/neutered? _____

Date of last DHPP and rabies vaccinations? _____

Do your current animals get Bordetella? _____
Are they currently on heartworm preventative? _____
If so, what do you use? _____
Are they currently on Flea/tick preventative? _____
If so, what do you use? _____

Do your personal pets live Inside or Outside _____
If outside, what is the purpose? _____
Do you use a tie out? _____

Please provide name, address and phone number of your current veterinarian

If less than 5 years, please provide vet information prior to the one above

Have you fostered before? _____
If yes, with which organization _____
From what dates? _____
Do you plan on continuing to foster for them? _____
Why do you want to foster?

Are you fostering to adopt? _____
If you adopt, will you continue to foster? _____

Do you have experience with dog training? _____

Aside from fostering, are there other ways in which you would like to help our rescue?
Transport? _____ Home visits? _____ Other? _____

What type of fostering are you interested in?
General _____ Temporary/emergency _____ Hospice/long term _____ Isolation fostering _____

What type of dog are you willing to foster?
Male _____ Female _____ Puppy _____ Young _____ Adult _____ Senior _____

Are there any breeds you would not want to foster?

How many dogs would you be willing to foster at a time? _____

References:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

ABOUT US

Gateway 4 Paws is a registered non-profit 501c3 organization that rescues small/medium breed dogs. We are an all foster based rescue and do not have a facility/shelter. We are all volunteers and do not receive any reimbursement from Gateway 4 Paws. Gateway 4 Paws provides all required veterinary care as instructed by USDA to the foster animal which includes spay/neuter, vaccinations, microchip, and care for any illness. We do not provide any veterinary care to your personal animals. The foster provides the love, time, shelter, transport and supplies needed to care for their fosters. Gateway 4 Paws will do its very best to provide food, but you may need to purchase food. All purchases and mileage can be deducted on your taxes. Gateway 4 Paws' vet is in O'Fallon, Illinois and foster is required for transportation. Gateway 4 Paws try's to limit the number of trips as much as possible. We do not have adoption events as that is too much stress on the dogs.

ACKNOWLEDGEMENT

I acknowledge that the information contained in this application is true and correct to the best of my knowledge. I also understand that Gateway 4 Paws is not responsible for any physical damage to my home, anyone in my home or my pets caused by the fostered animal(s).

Signature of applicant _____

Applicant Name _____

Date _____