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| A drawing of a dog  Description automatically generated Schnauzer Rescue of the Carolinas  2643 Tumbleweed Dr. Lenoir, NC 28645 Phone: (828) 726-1510 Email: adoptions@schnauzerrescueofthecarolinas.org  |    |

# SRC Foster Parent Application $5\_Transaction Receipt #:

## Applicant Information//NC,SC,TN, & VA.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone ( ) | Cell: Home: Work: | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Driver License No.: |  | DOL STATE : |  |

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| --- | --- |
| Date you can begin to foster |  |

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| --- | --- | --- | --- | --- | --- |
| Are you prepared to take a male or female? | YES[ ]  | NO[ ]  | If no, which do you require. | MALE[ ]  | FEMALE[ ]  |

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| --- | --- | --- | --- | --- |
| Have you ever fostered for another Rescue Organization? | YES[ ]  | NO[ ]  | If yes, which one and when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you work from home during the daytime? | YES[ ]  | NO[ ]  | If not how many hours would the dog be alone? |

|  |  |
| --- | --- |
| Please tell us about your experience with Schnauzers: |  |

## HOME INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF HOME** |  | **FENCING & TYPE:** |   |

**LIVED IN THIS HOME HOW LONG:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **From:** |  | **To:** |  | **DO YOU OWN THIS HOME OR RENT?** | **OWN****[ ]**  | **RENT****[ ]**  | **IF RENT:** | Please provide agreement that you may have pets & # of them |

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| --- | --- | --- | --- |
| **How often do you walk your pets during the day?:** |  | **What do you do for their potty breaks when you are not there? :** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do any of your pets have medical concerns?** |

|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

 | **If Yes, what type of medical issue?** |  | **Do you have a regular vet who is reasonably priced who sees your pets?** | **YES****[ ]**  | **NO****[ ]**  | **Name and phone number please:** |  |

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| --- | --- | --- | --- |
| Vet address: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  How many people live in your residence? |  | Name & Relationship: |  |
| Age |  |  |  |
|

|  |  |
| --- | --- |
| **Male** **[ ]**  | **FEMALE****[ ]**  |

 | Do they have experience with canine (rescue dogs)? |

|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

 |  |
| Age |  |   |  |
|

|  |  |
| --- | --- |
| **Male** **[ ]**  | **FEMALE****[ ]**  |

 | Do they have experience with canine (rescue dogs)? |

|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

 |  |
| Age |  |   |  |
|

|  |  |
| --- | --- |
| **Male** **[ ]**  | **FEMALE****[ ]**  |

 | Do they have experience with canine (rescue dogs)? |

|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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| --- | --- | --- | --- |
| **Do you have other animals in the home?** | **YES****[ ]**  | **NO****[ ]**  | **If Yes what kind, age, and how many?** |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |
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| --- | --- | --- | --- |
| **Will the fostered dog ever be outdoors unattended?**  | Do you agree to not place the foster animal with anyone other than one that is pre-approved by SRC? | ***Do you agree to pay veterinarian bills for procedures you have requested that are not approved by SRC?*** |  |
|

|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

 |  |
| **Do you agree to notify SRC immediately if any destructive behavior is noticed?** | If you choose to work with the dog on its destructive behavior, or otherwise provide obedience training, do you agree to hold SRC harmless from any damages to your home that may occur due to fostering the animal | ***Do you agree to hold SRC harmless from infections and diseases to your pet(s) that are spread due to (a) you not keeping the fostered pet separated in the home, and (b) your pet not having adequate preventative health measures taken to protect it?*** |  |
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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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| **Most of these dogs come from histories of abuse. If accepted, you will be given Foster Guidelines which recommend that the fostered dog be watched initially for signs of destructive behavior. If destructive behavior is noticed, there are steps to take such as verbal and physical praise but only verbal disapproval, etc. Do you agree to isolate or otherwise handle any destructive behavior appropriately without the use of physical discipline & use Positive Reinforcement only.** | Do you agree to hold SRC harmless from any damages to your home that may occur due to not keeping the canine crated when unattended? (Note, it will be assumed if the damage is substantial, the dog was not crated while unattended) |  **Do you agree to use** **positive reinforcement** **with SRC rescues and** **to assure that they** **receive regular** **heartworm preventative** **plus any necessary flea medication or other** **necessary care as per vet instructions. If dog is** **returned to SRC it is to** **be returned in as good** **condition or better due** **to your care. You also****agree to keep SRC** **aware of your current****address and phone** **number at all times.** |
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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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|  |  |
| --- | --- |
| **YES****[ ]**  | **NO****[ ]**  |

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 |  | If not already done, pleaseScan a photo of yourDriver License and send it with this application. You may use this section for any further info you would like SRC to know about you: |
|  |  |  |  |

## Disclaimer and Signature

I certify that my answers are true, accurate, and complete to the best of my knowledge.

If this application leads to my becoming a Foster Parent for SRC, I understand that false or misleading information in my application or interview may result in my release and reclaiming of the dog in my care. If fostering with no problems, the dogs that I foster will be available to me for adoption unless there is already a valid adoption application in process for them prior to my stating I wish to adopt them otherwise I have the first option to adopt the dogs that I foster for SRC.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |