

Foster Application

While this may seem like a long application, The safety of our rescued/surrendered dogs and your satisfaction in our foster program is important to us. Thank you for taking the time to complete it in full detail.

Your Information

First Name	
Last Name	-
Drivers License Number	_
Issuing State	
Address (Line 1)	
Address (Line 2)	
City	
State/Province	
Postal / Zip Code	
Cell Phone	
Home Phone	
Work Phone	
Employer	
Email Address	

How often do you check your email?
Housing Type (check all that apply)
☐ House ☐ Condo
☐ Apartment
☐ Mobile Home
☐ Live with Parents
Do you rent or own?
□ Own
☐ Rent
Breed Restrictions within your HOA? If so, what breeds?
☐ Yes
□ No
If you rent, please enter in the following information about your Landlord.
Landlord Name
Landlord Phone Number
Please list the name and age of everyone who resides in your household:
Does everyone in your household agree to fostering?
☐ Yes
□ No
If you answered no, please explain:

D	oes anyone in your household have allergies to animals?
	☐ Yes ☐ No
D	o you work outside of the home?
	☐ Yes ☐ No
P	lease list all pets you currently have in your home (Species, Breed, Age, Sex)
A	re your pets spayed or neutered?
	☐ Yes ☐ No
A	re your pets current on vaccinations?
	☐ Yes ☐ No
Н	ave you ever given a pet up? If yes, please tell us the reason for doing so
	☐ Yes ☐ No
N	lay we contact your veterinarian?
	☐ Yes ☐ No
V	eterinarian Name, Address, Phone Number:

Where do your pets primarily reside?
☐ Indoors ☐ Outdoors ☐ Other
Where are your pets kept when you are away from home?
How many hours a day is your pet home alone?
FOSTER PET INFORMATION:
Why do you want to Foster?
What type of dog are you willing to foster?
☐ Adult
Puppy
☐ Mother & Puppies
☐ Under-Socialized
□ Illness
☐ Injured
☐ Heartworm Positive
☐ No Preference

Size Preference of Dog:
☐ Small ☐ Medium ☐ Large ☐ No Preference
Sex Preference of Dog:
□ Male□ Female□ No Preference
Dog/Cat Friendly
☐ Yes ☐ No
Type of Dog you do NOT want to Foster?
Are you able to Foster more than one dog?
☐ Yes ☐ No
Where will your foster animal stay when unsupervised:
 □ Crated □ Confined to room indoors □ Free run of house □ Outside □ Other
How long will your foster animal be alone per day?
Are you capable of giving medication to an animal if necessary?
The you capable of giving medication to an annual if necessary:

Have you fostered in the past?
☐ Yes ☐ No
If you answered yes, please provide name of rescue group or shelter along with contact person name and phone #. If no longer fostering, please list your reason for not continuing.
Are you currently fostering any other animals? If so, please include Species/Breed/Age. Do they get along with other animals? Please provide Rescue name, contact name and phone #.
Do you have experience with training: If yes, what type?
☐ Yes ☐ No
Do you have experience with any of the following behaviors?
 □ Barking □ High Energy □ Fears □ Destructive Chewing □ Jumping Up □ Crate Training □ Digging
Do you agree to an initial home visit as well as any follow-up visits as needed with prior notice?
☐ Yes ☐ No

Do you have a yard?
☐ Yes ☐ No
Do you have a fence?
☐ Yes How high is it? Is it locked? ☐ No
If not, how do you plan to contain the foster when outdoors?
Are you willing to repair anything that might allow a dog to escape?
☐ Yes
□ No
Do you use a dog door and how many hours would the foster have to access it?
☐ Yes ☐ No
Where and in what will the foster dog sleep?
What kind of exercise will the foster dog receive?
If you work outside the home, how many hours will the foster dog be alone?
Will someone else be caring for the dog while you are gone? If so, who?
☐ Yes ☐ No

Would you be willing to bring the dog to training classes or adoption events if needed?
☐ Yes ☐ No
Would you be willing to take the dog to any vet appointments, including spay/neuter, if needed?
☐ Yes ☐ No
Would you be willing to send email updates, photos, progress, observations and/or problems?
☐ Yes ☐ No
Are you willing to foster this animal until adoption?
☐ Yes ☐ No
Do you understand that adoptions can take many months and we have no facility if you change your mind?
☐ Yes ☐ No
Do you understand that the medical history or disposition of foster dogs is frequently unknown and therefore there are risks associated with taking in foster animals? And that it is in your best interest to have other dogs in your home up to date on vaccinations and separated from family pets for a period of time for protection of all animals?
(ATTA will not be responsible for illnesses contracted or vet costs incurred by your personally owned dogs during or after fostering)
☐ Yes ☐ No

Do you agree to hold us harmless in the event of any unknown information regarding this dog as well as any liability whatsoever resulting from the fostering of the dog including but not limited to damages for personal injuries or property damage caused by the foster animal? As well, hold us harmless in the event your own pet(s) becomes ill or injured from the foster animal?
☐ Yes ☐ No
Do you agree that this animal will be treated as a daily pet, not used for any other purpose and that you will be responsible as if this animal were your own for providing a stable and safe environment?
☐ Yes ☐ No
In the event of an emergency, will you make every effort to reach a member of ATTA to help determine the best course of action? (If this is not possible or a member cannot be reached quickly, you agree to take the dog to a vet and contact a member as soon as possible to coordinate care and payment).
☐ Yes ☐ No
If you decide at any time that you no longer wish to foster, do you agree to give a minimum of seven (7) days to find alternate foster placement and return the dog to us?
☐ Yes ☐ No
If at any time, ATTA requests the return of a dog, do you agree to make the dog available immediately?
☐ Yes ☐ No

Angels to the Animals, Inc. does not unlawfully discriminate internally (in its administrative and program operations) or externally (in provision of services) on the basis of race, political orientation, religion, gender, sexual orientation, age, national origin, ethnicity, ancestry, marital status, veteran status, or mental or physical disability or any other status prohibited by applicable law.

Personal References:

Please list 2 personal references below who are non-related to you. Please also include a contact phone number for each reference.

Reference 1	
First Name *	
Last Name *	
Phone Number *	
Reference 2	
First Name *	<u> </u>
Last Name *	
Phone Number *	<u> </u>
OTHER INFORMATION:	
While Angels to the Animals is prepared to provide for and toys, are you able to aid in providing any of these	
☐ Yes ☐ No	
If you answered yes, what items are you prepared to a to provide for pick up of food and other items, as need	

Is there any other information you think would be helpful for us to know, please provide here:

CONTRACT:

- A contract between the owners of the dog, known herein as "ATTA" and the caretakers of the dog, known herein as "foster home" or "foster family." The foster family fully understands that they are to act as a foster home for one or more of the ATTA dogs, referred herein as "the animal" or "the animals." The following conditions apply to fostering of ATTA's dogs while in the foster's care and in their home:
- The animal will be kept in the house at all times, or supervised in a fenced yard.
- The animal will remain the property of ATT. The animal will be surrendered to a member of ATTA immediately on request.
- The animal will be fed, watered and exercised appropriately. This includes no unsupervised, off-lead time; the animal must be kenneled, in a secure, fenced yard.
- No prong or shock collars are to be used at any time.
- The foster home will not be compensated for expenses incurred in the normal daily care
 of the animal unless the purchase was pre-approved by a member of ATTA. Expenditures
 incurred by ATTA foster family other than emergency care and treatment require prior
 approval by ATTA. The foster family will be held responsible for unapproved
 expenditures.
- Veterinary care will be provided by ATTA. This includes vaccinations, heartworm (A4DX) testing and preventative, altering and any prescription medications necessary for the dog.
- The animal is to be adopted to its permanent home only under the supervision of ATTA to a family pre-approved by ATTA. Adoptive families may be contacted by the foster family to inquire about the animal, however, adoptive families are to be accorded respect and privacy. Excessively casual or excessively aggressive contacts with potential and actual adoptive families are not desirable.
- All donations connected with the adoption of the animal will be sent directly to ATTA.
- Questions or problems are to be directed to ATTA. If there is a need to remove the animal from the foster home, the animal is to be given directly to an ATT member.
- The foster family accepts responsibility for any and all events that occur in connection with the fostering of an ATTA animal. The foster family agrees to release and indemnify ATTA from any and all claims, known and unknown, now or hereafter, arising in connection with the animal.

Please sign and date your application.		
Signature	Print Name	Date