

# Redemption Ranch Foster Application



[Info@redemptionranchca.org](mailto:Info@redemptionranchca.org)

(661) 282-7448

Bakersfield, CA

Foster Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about RR? \_\_\_\_\_

Do You (Circle One): Own Rent Do You Live In A (Circle One): House Condo Apt Other

How long have you lived at your current residence? \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ A pool? \_\_\_\_\_

Please describe the fencing of your yard/outside area (e.g., height, material it is made of, latching and locking mechanism, who has access, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other pets live with you? (Please list type, age, sex, breed, and whether or not they are spayed/neutered) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many pets are you allowed to have in your home? (according to your Rental Agreement, local ordinances, HOA) \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

If you have children, what are their ages? \_\_\_\_\_

Do all members of your household want to foster a pet? If no, please explain. \_\_\_\_\_

\_\_\_\_\_

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What are your foster preferences (please check all that apply):

Male             Pregnant Female             Senior Dog  
 Female             Puppy             No Preferences

Are you willing to administer medication, if necessary? \_\_\_\_\_

Are you willing to transport your foster pet to RR events, trainings, and veterinarian appointments, as necessary? \_\_\_\_\_

Are there any behaviors or temperament issues that you would find intolerable in a foster dog?

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How long are you willing to foster a dog? \_\_\_\_\_

How many hours a day will your foster dog be left alone? \_\_\_\_\_

Where will your foster dog stay when you are not at home? \_\_\_\_\_

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Where will your foster dog sleep at night? \_\_\_\_\_

What types of circumstances would cause you to return a foster dog to us? \_\_\_\_\_

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Have you fostered animals for other organizations? If so, which ones? \_\_\_\_\_

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Are you currently fostering for another rescue group or shelter? If so, which one(s)? \_\_\_\_\_

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Please describe your specific experience in each of the following areas (You do not need to have experience in all of these areas to be approved as a foster home; this simply helps us understand your experience so that we can place the appropriate dog in your home):

Basic obedience training: \_\_\_\_\_  
\_\_\_\_\_

Correcting undesirable behavior: \_\_\_\_\_  
\_\_\_\_\_

Caring for a pregnant female: \_\_\_\_\_  
\_\_\_\_\_

Raising (and/or) bottle feeding puppies: \_\_\_\_\_  
\_\_\_\_\_

Socializing a dog with other dogs, new people, children, etc.: \_\_\_\_\_  
\_\_\_\_\_

Do you have specific experience with bully breeds? \_\_\_\_\_

Do you have any other experience that you would like us to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two references (not immediate family members):

Name, Relationship, Address, Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Name, Relationship, Address, Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Please provide the name and contact information for your veterinarian:

\_\_\_\_\_

- I understand that before I can be approved as a foster home for RR, I must pass a home check, which will be administered by a RR representative.
- I understand that if I am approved for fostering a RR dog, I will also need to carefully read the "Foster Care Contract" which is a separate document from this application. The Foster Care Contract represents a legal

contract between a foster caregiver and RR. I understand that if I am approved to foster an animal, I must review and sign the Foster Care Contract before I can take my foster animal home.

- I have read this Application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful. I make this statement under penalty of perjury under the laws of the state of California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*\*\*\*\*

\_\_\_\_ Approved                      \_\_\_\_ Not Approved

RR Representative:

Print Name: \_\_\_\_\_

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

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