

# Four Corners Pet Alliance - Foster Care Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the Four Corners Pet Alliance Foster Care Program.

## PERSONAL INFORMATION (Please print):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

## HOUSEHOLD INFORMATION:

### How many people are in your household?

Adults over the age of 21 (including self): \_\_\_\_\_ Ages: \_\_\_\_\_ Children (under 21): \_\_\_\_\_ Ages: \_\_\_\_\_

Does anyone in the household have allergies to dogs?  Yes  No If yes, who? \_\_\_\_\_

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

Do you: OWN RENT LEASE How long have you been at this address? \_\_\_\_\_

If renting/leasing, are there pet restrictions? YES NO If yes, what are they? \_\_\_\_\_

Landlord's name \_\_\_\_\_ Landlord's phone \_\_\_\_\_

*If renting, we will contact your landlord to ask if fostering animals in your home is acceptable. You will not be able to foster until we receive positive confirmation.*

## Please list all of your current pets:

Dog/Cat	Breed	Name	Age	M/F	Altered?	How long owned?

*Please use back of application if you run out of space. We recommend all other animals in your home be up to date on vaccinations and spayed/neutered. If you have any concerns, please discuss the idea of fostering animals with your veterinarian.*

## Who will be the primary caretaker of your foster dog(s)?

### Describe your yard: \_\_\_\_\_

No yard  Unfenced yard  Partially fenced yard  Completely fenced yard  
 Height of fence: \_\_\_\_\_ Made of?  Wood  Chain link  Brick  Other \_\_\_\_\_

*FCPA foster dogs and puppies must be supervised at all times when outdoors.*

If you don't have a fenced in yard, do you agree to keep your foster dog on leash at all times outside?

**How would you describe your level of experience with dogs?** *Check all that apply*

- Never had a dog
- Had one or more as an adult
- Have experience working with on-going medical problems with a personal dog
- Have experience working at a boarding kennel/resort/pet sitting service etc.,
- Have experience working with behavioral problems with a personal dog
- Have experience working in a veterinary hospital
- Am a professional dog trainer
- Have previous foster/rescue experience, if yes, please describe: \_\_\_\_\_

**Do you have experience with:** small dogs    medium dogs    large dogs

**List experience with specific breeds:** \_\_\_\_\_

**What types of dog are you interested in fostering?** *Check all that apply*

- Adult dog
- Mother with nursing puppies
- Sick dog/puppy
- Dog/puppy with behavioral issues
- Pit Bull/Bully breeds
- Puppies
- Unweaned puppies/Bottle babies
- Injured dog/puppy
- Long-term hospice care

**How many hours during the AVERAGE day will this dog spend without a human?** \_\_\_\_\_

Where will this dog be when someone is home? \_\_\_\_\_

Where will this dog be when alone? \_\_\_\_\_ Where will this dog sleep at night? \_\_\_\_\_

**What situations do you feel unprepared for?**

- Excessive barking
- Digging
- Shy, fearful, or undersocialized dog
- Not good with small animals/cats
- Providing on-going training
- Destructive chewing
- Escaping
- Not good with children
- Scratching/biting
- Very high activity level
- Not housetrained
- Resource (food/toy) aggression
- Not good with other dogs
- Administering medications
- Deaf/Blind dogs

**Do you have a preference on:**

Size?    YES    NO    If yes, please list size preference: \_\_\_\_\_

Breed?    YES    NO    If yes, please list breed you prefer: \_\_\_\_\_

Age?    YES    NO    If yes, please list age preference: \_\_\_\_\_

Please tell us anything else you would like us to know to help match you up with the right foster animal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read the following carefully:**

FCPA determines the criteria for fostering, decides which animals are eligible for foster care FCPA foster care volunteers may always refuse any specific request for any reason. FCPA will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.), and any other restrictions or expectations we may have.

You will be expected to keep the animal safe and secure, return it to FCPA when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. FCPA retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption and placement of the animals fostered.

FCPA cannot accommodate people fulfilling court-ordered community service within the Foster Care Program. FCPA does not accept into this program those convicted of violent crimes or crimes involving animal cruelty or neglect. Students seeking credit for school service requirements, please email us.

Unless otherwise arranged, the foster parent is responsible for providing all supplies. We do reimburse and/or provide dog food when available. The foster parent is responsible for transporting the animals to and from veterinary appointments, surgery, behavior evaluations, vaccinations, transports, etc.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although FCPA takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which FCPA has asked me to provide care. I acknowledge that FCPA is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date

**Return Application to:**  
Four Corners Pet Alliance, PO Box 1212,  
Gallup, NM 87305

**Email:**  
fourcornerspetalliance@gmail.com