

DOG FOSTER PROVIDER

APPLICATION-DISCLAIMER

SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

P.O. Box 493, Chaska, Minnesota 55318 952-368-PAWS (7297)

Thank you for your interest in providing foster care for SMARAS. Please fill out the following Application/Disclaimer and return to a SMARAS Representative or mail to the above address.

APPLICATION MUST BE COMPLETE

| | |
|--|--|
| Date _____ | Name _____ |
| Name of Spouse _____ | |
| Address _____ | |
| City _____ | State _____ Zip _____ |
| Daytime Phone # () _____ | Evening Phone # () _____ |
| Driver's License # _____ | |
| Are you under 21 years of age? Yes _____ | No _____ If Yes, what is your age? _____ |
| E-mail address (optional) _____ | Who to call in case of an emergency: _____ |

Residence: (check one) House Condo Apartment Hobby Farm Mobil Home

Do you Own or Rent? Own Rent If Rent, do you have permission from your landlord to foster a dog? Yes _____ No _____

Name of Landlord _____ Phone # () _____

Do you have children under the age of 18 living in the household? Yes _____ No _____ If yes, list their ages _____

If you have children, what has been their exposure to dogs? None _____ Some _____ A lot _____ Small dogs _____ Large dogs _____

Excluding children and spouse, list any other residents living in the household _____

Is everyone living in the household aware of the decision to foster a dog? Yes _____ No _____ If not, list their name (s) _____

If you have children, list all activities they are involved in outside of the home, such as sports, etc. _____

Who will be the person responsible for the daily care of the dog such as feeding and exercise? _____

What is the activity level of your household? Quiet _____ Active _____ Very Active _____

Where will the foster dog be kept during the day when at work and/or away for the day? _____

Where will the foster dog be kept during the nighttime? _____

Crate uses: No crate _____ Reluctant to crate _____ Crate if necessary _____ Will crate _____ Other _____

If planning to crate; how many hours will the dog be left alone in the crate? _____

How many hours will the dog be left alone when you are at work or away for the day? _____

Is your yard completely fenced? yes no If yes, what type of fence? _____ Height _____

If not, how will you confine the foster dog to your property? _____

List all forms of exercise the foster dog would receive _____

Will you house the foster dog indoors or outdoors? Indoors Outdoors Both

If both, explain _____

Have you ever attended K9 Obedience Training Classes? Yes _____ No _____

What has been your experience with dogs? (check one) Had dogs growing up _____ Have had one _____ Have had 2 or 3 _____ Experienced _____

Describe your experience with dogs and what educational experience you have had with dogs. Be specific (i.e. training classes, books, dog sitting, etc) _____

Please provide a description of how you would correct your foster dog if it showed destructive or inappropriate behavior such as digging, jumping, chewing, etc. _____

List all of the pets that are currently living in your home:

| | | | | | | |
|--------|-----------|-----------|-------------------------------------|------------|--------------|-----------|
| PET #1 | Dog _____ | Cat _____ | Spayed/Neutered? Yes _____ No _____ | Male _____ | Female _____ | Age _____ |
|--------|-----------|-----------|-------------------------------------|------------|--------------|-----------|

Housed: Indoors___ Outdoors___ Both___ If both, explain_____

PET #2 Dog___Cat___ Spayed/Neutered? Yes___No___ Male___ Female___ Age_____

Housed: Indoors___ Outdoors___ Both___ If both, explain_____

PET #3 Dog___Cat___ Spayed/Neutered? Yes___No___ Male___ Female___ Age_____

Housed: Indoors___ Outdoors___ Both___ If both, explain_____

(If extra space is needed to list additional pets, use a separate sheet of paper)

Have your own pets been introduced to other animals? Yes___ No___ If yes, how did they react?_____

Do you understand the steps required to properly introduce a new dog to the other animals currently living in your home? Yes___ No___

Do your own pets receive annual veterinary care? Yes___No___ Are your pets currently updated on vaccinations? Yes___ No___

If yes, circle the routine care they receive routinely:

| | | | | |
|-------|--------------------|-------|--------------------|--|
| Cats: | PRC-C | Dogs: | DHPP-C | ÆIF YES, MONTHLY PREVENTATIVE GIVEN? Yes___No___ |
| | RABIES | | RABIES | |
| | FELINE LEUKEMIA | | HEARTWORM TEST | |
| | TEST FOR PARASITES | | TEST FOR PARASITES | |
| | | | BORDETELLA | |

Name of attending Clinic_____

Phone # Of Clinic_____ Name of Veterinarian_____

What is your occupation?_____ Spouse's Occupation_____

On the average, how many evenings per week do you spend at home?_____ Are you and/or your family frequent travelers?_____

List reasons why you are interested in providing foster care: (If more than one reason, list importance by numbers)

___Companion for other dog ___Companion for children ___To see if children/able to take care of a dog ___Desire to help animals in need

___To see if children and/or family are ready for a dog ___Other_____

Do you have a preference on (check all that apply): Adult Dogs___Puppies___Litters___ Large Dogs___Medium Dogs___Small Dogs_____

Supplies you would need: Food___ Indoor Crate___ Leash___ Dishes___ Other_____

I have read the above stated application carefully and certify that the information I have given is accurate and true. I understand that any misrepresentation of the above information authorizes SMARAS to deny application, and/or reclaim the foster pet that is in my home. I understand the pet in my care is property of SMARAS, and any decisions regarding the pet and the pet's future is that of SMARAS. I agree to attend scheduled Adoption Day events with my foster dog.

I acknowledge that SMARAS cannot guarantee any foster animals against parasites, diseases or destructive behavior. I will not hold SMARAS responsible, nor seek any compensation for damages, medical fees or other liabilities incurred by the pet I foster. I understand that any bites or injuries caused by the pet I foster are to be reported immediately to SMARAS. I further agree to be personally responsible for the humane housing and care of the animal (s) I am fostering.

Signature_____ Date_____

Spouse's Signature_____ Date_____

SMARAS Representative_____ Date_____

Comments_____