

# DOG FOSTER PROVIDER

## APPLICATION-DISCLAIMER

### SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

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

Please take time to accurately complete the application. Thank you.

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 _____ Who to call in case of an emergency: _____	
Name of Auto Insurance Company: _____	
Policy #: _____	Expiration Date: _____
Name of Agency: _____	
Agency Phone #: _____	Contact Person: _____

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 ___
<i>Excluding</i> 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\_\_\_ Breed\_\_\_\_\_ Cat\_\_\_ Spayed/Neutered? Yes\_\_\_No\_\_\_ Male\_\_\_ Female\_\_\_ Age\_\_\_

Housed: Indoors\_\_\_ Outdoors\_\_\_ Both\_\_\_ If both, explain\_\_\_\_\_

PET #2 Dog\_\_\_ Breed\_\_\_\_\_ Cat\_\_\_ Spayed/Neutered? Yes\_\_\_No\_\_\_ Male\_\_\_ Female\_\_\_ Age\_\_\_

Housed: Indoors\_\_\_ Outdoors\_\_\_ Both\_\_\_ If both, explain\_\_\_\_\_

PET #3 Dog\_\_\_ Breed\_\_\_\_\_ 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
	RABIES		RABIES
	FELINE LEUKEMIA		HEARTWORM TEST →IF YES, MONTHLY PREVENTATIVE GIVEN? Yes___No___
	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 Southwest Metro Animal Rescue to deny application, and/or reclaim the foster pet that is in my home. I understand the pet in my care is property of Southwest Metro Animal Rescue, and any decisions regarding the pet and the pet's future is that of Southwest Metro Animal Rescue. I agree to attend scheduled Adoption Day events with my foster dog.

I acknowledge that Southwest Metro Animal Rescue cannot guarantee any foster animals against parasites, diseases or destructive behavior. I will not hold Southwest Metro Animal Rescue 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 Southwest Metro Animal Rescue. 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 \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_