



# Dog Foster Provider

Southwest Metro Animal Rescue and Adoption Society

P.O. Box 493, Chaska, Minnesota 55318 • email: [swmetroanimalrescue@outlook.com](mailto:swmetroanimalrescue@outlook.com)

Phone: 952-368-PAWS (7297) • efax: 952-487-5206 • [swmetroanimalrescue.org](http://swmetroanimalrescue.org)



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

Name \_\_\_\_\_ Date \_\_\_\_\_

Marital Status:  Single  Married  Engaged Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License \_\_\_\_\_

Email \_\_\_\_\_ Who to call in case of an emergency \_\_\_\_\_

Are you under 21 years of age?  Yes  No If yes, what is your age? \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Do you Own or Rent?  Own  Rent

If Rent, do you have permission from your landlord to have 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, list all activities they are involved in outside of the home, such as sports, etc. \_\_\_\_\_

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

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

Name (s) \_\_\_\_\_

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

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 dog be kept during the day when at work and/or away for the day? \_\_\_\_\_

How many hours will the dog be left alone? \_\_\_\_\_

Where will the dog be kept during the night? \_\_\_\_\_

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? \_\_\_\_\_

Is your yard completely fenced?  Yes  No If yes, what type of fence? \_\_\_\_\_ Height \_\_\_\_\_

If not, how will you confine the dog to your property? \_\_\_\_\_



What is your occupation? \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

How many hours will the dog be left alone? \_\_\_\_\_ On average, how many evenings per week do you spend at home? \_\_\_\_\_

Are you and/or your family frequent travelers? \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

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

\_\_\_Companion for me \_\_\_Companion for other pet \_\_\_Companion for Children \_\_\_Desire to help animals in need

\_\_\_To see if children and/or family are ready/able to care for a dog \_\_\_Other \_\_\_\_\_

What activity level are you looking for in a dog?

\_\_\_Calm (i.e. will sit on your lap and cuddle) \_\_\_Semi-active (i.e. will require daily walks and medium level exercise, etc.)

\_\_\_Active (i.e. will require daily mental and physical stimulation, constant attention, jogs with owner, etc.)

Do you have a preference on (check all that apply): \_\_\_Adult Dogs \_\_\_Puppies \_\_\_Litters \_\_\_Other \_\_\_\_\_

\_\_\_Large Dogs \_\_\_Medium Dogs \_\_\_Small Dogs

Supplies you would need: \_\_\_Food \_\_\_Indoor Crate \_\_\_Leash \_\_\_Dishes \_\_\_Other \_\_\_\_\_

\_\_\_\_\_

Extra space for any more information.

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

Please save this form to your computer and email it to [swmetroanimalrescue@outlook.com](mailto:swmetroanimalrescue@outlook.com)

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.

I understand and accept that it is SMARAS's prerogative to decide which home is most appropriate for the individual dog, and therefore I will not take issue with the decision. Unless otherwise indicated by SMARAS, I may be considered for another dog.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

-----OFFICE USE ONLY BELOW THIS LINE-----

Case # \_\_\_\_\_ Breed \_\_\_\_\_

Animal Name \_\_\_\_\_ SMARAS Representative \_\_\_\_\_

Comments \_\_\_\_\_

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