



FOSTER HOME CARE APPLICATION

Thank you for your interest in fostering a dog from Paw Patrol Animal Rescue and Sanctuary (hereinafter "Paw Patrol"). We ask that you answer the following questions as completely as possible so that we may find the right home for the right animal.

Pawpatrolanimalrescue@gmail.com Fax number 305-675-2333

YOUR INFORMATION:

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

BEST TIME TO REACH YOU: _____

BIRTHDATE: _____ **FOSTER MUST BE 18 YEARS OR OLDER. IF UNDER 25 YEARS OLD, APPLICANT MUST PROVIDE WRITTEN CONSENT FROM PARENT OR LEGAL GUARDIAN.**

Driver's License number: _____

***Please attach copy of valid driver's license**

Please attach detailed pictures of the home (inside and out) where dog will be living. Please make sure to include the following: communal living areas, bedrooms, bathrooms, kitchen & laundry areas as well as front, side and backyard areas, as applicable.

HOUSEHOLD

Please list the names, ages and relation of all adults in the household (including yourself):

Please list the names, ages and relation of all children in the household:

DWELLING INFORMATION

What type of housing do you live in? (Apt/Condo, Townhouse, Single Family....) _____

Do you own or rent? _____ How long have you resided at this address? _____

***IF YOU RENT, WE WILL NEED WRITTEN CONFIRMATION FROM THE LANDLORD, STATING THAT PETS ARE ALLOWED AND WHAT THE WEIGHT LIMITATIONS ARE.**

Do you have a fenced in yard? If so, briefly describe it:

If not, how will you exercise the dog?

Have you ever owned a pet before? If so, what species and breed? How long ago? For how long? What happened to the pet?

What kind of experience have you had/have with dogs? (dog training, vet tech, groomer, agility, happy pet owner, etc).

Have you ever fostered an animal before? If so, what was your experience? _____

What pets do you currently own (name/species, breed, age)? How long have you owned them? Are they spayed/neutered?

Name/Species	Breed	Age	Spayed/Neutered	Time owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you currently fostering any pets for another rescue? If yes, please state the name of the rescue and list the pets you are currently fostering (breed and age): _____

Are the current fosters spayed/neutered? _____

Are any of the animals in currently in your home on any type of medication? If so, please explain in detail: _____

How many hours per day will the foster pet be left alone? _____

Where will the foster pet stay during the day and with whom? During the night and with whom?

Who will be the primary caretaker of the dog? _____

Does anyone in the household have allergies? _____

How often do you travel? Are you planning a vacation in the near future? _____

Have you ever crate trained a dog? _____

Are you willing to have someone from Paw Patrol visit your home for a home visit? _____

Are you willing to cover the costs of incidentals for a foster dog? _____

(PPARAS will provide all supplies and will pay for the animals regularly scheduled veterinarian visits. Incidentals would be, small supplies that the pet may need ie. collar/leash, training pads, beds, food - if it is something needed before the rescue can get it to you in time.)

PERSONAL REFERENCE INFORMATION

Please supply names and telephone numbers for your veterinary reference and two personal references:

Veterinary ref. _____

Personal ref. _____

Personal ref. _____

**I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE.
I UNDERSTAND THAT FALSIFYING ANY INFORMATION ON THIS APPLICATION OR AT ANY OTHER TIME
DURING THE FOSTER PROCESS WILL IMMEDIATELY DISQUALIFY ME FROM FOSTERING
NOW AND IN THE FUTURE.**

Signature of applicant: _____

Date: _____

FOSTER CARE AGREEMENT

I understand and agree with all information provided to me in my application process. If the animal I foster is on medication, I will continue the medication exactly as directed. I will not let the animal out loose by itself. If during the time I am fostering the animal it requires medical attention, I will contact Paw Patrol first unless it is an emergency.

If the animal I am fostering requires medical attention due to my negligence, I will be financially responsible for all treatment necessary. I understand that the foster animal is the property of Paw Patrol and I will not sell, trade or dispose of the animal. I understand the importance of my own animals or other foster animals being up-to-date on all standard vaccinations and have provided Paw Patrol with a current shot record for each one. (Please initial one option below.)

YES _____ NO _____

I understand that anyone interested in adopting my foster animal(s), including myself, must undergo the standard adoption process, and that any decision as to adoption or placement of the animal(s) is subject to the exclusive discretion and approval of Paw Patrol, though the foster's referrals are taken into consideration in the application approval process. (Please initial one option below.)

YES _____ NO _____

PPARAS veterinary information:

Miami-Dade—Crossroads Animal Hospital 11622 N Kendall Drive, Miami, FL. 33176 305-279-2000

Broward—Sobol Veterinary Hospital 4821 SW 148th Avenue, Davie, FL. 33330 954-680-5777