

FOSTER APPLICATION



Name of the dog(s) you are considering: _____ Date: _____

Your name: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Phones. Home: _____ Cell: _____ Work: _____

Employer: _____ Employer Address: _____

Email: _____

FL Driver's License or Valid I.D. # _____ (please provide a copy of your driver's license)

Type of housing:

Single Family Home Apartment Condo

Duplex Mobile Home

Do you own or rent? Yes No

Do you have a fenced in yard? Yes No

Does your landlord allow pets? Yes No

Do you have a pool? Yes No

Why do you want to foster a dog?

Do you have young children? Yes No

If you have young children, how much time do you have for a dog?

What do you do with your pet while you are at work?

Where will the dog stay during the day?

Do you have other pets currently? Yes No

Please list all pets in the home (including small pets), ages, and temperament.

Are your pets spayed or neutered? Yes No

Have you ever owned or fostered an animal before? Yes No

Will you provide training for the dog if required? Yes No

What length of time could you give a foster dog to adjust in your home, if needed? _____

Does anyone in the household have pet allergies? Yes No

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Animals owned previously but no longer with you (past 5 years):

On a regular day, how many hours will the dog be left alone? _____

Are you aware that we often have animals who are in need of medical attention who may require extra patience, medication, etc? Yes No

Can you keep your foster animal separate from any other pets in your home if necessary? Yes No

Please list all the people in your home, including ages

What would you do if your foster dog has accidents inside the house?

What will you do if your dog doesn't get along with your current animals?

Please supply the name, address, and phone number of two personal references.

By signing below, I hereby agree that neither I, nor anyone living with me, will seek to hold Born Free Pet Shelter ("Shelter"), or any of its past, present or future officers, volunteers, employees, agents or assigns, liable for any injury, damage or adverse impact of any kind that may occur or result arising out of or related to my participation in fostering a Shelter dog. I acknowledge that activities involving my foster dog may involve the possibility of, among other things, being bitten, scratched, jumped on, knocked over, or dragged. I acknowledge that I will be working with a dog whose background and history -- medical, behavioral, and otherwise -- may be unknown. I further acknowledge that the behavior of any dog may be unpredictable, and may change when encountering new environments and people. I acknowledge that I am responsible for my own personal safety and medical treatment, and all costs associated therewith, including medical treatment arising out of fostering this Shelter dog. I understand that I am not an employee of the Shelter, am not covered by workers' compensation, and am not covered by any insurance available to the Shelter.

Applicant Signature

If you have any questions - Please contact: Maria Delange at 786-205-6865