

FOSTER APPLICATION

Pets Stop Here, Inc
5412 West Ridge Road,
Spencerport, NY 14459
585-471-8900

Foster's Information

| | | | |
|---|-----|--------|-----|
| Name: | | DOB: | |
| Street Address: | | | |
| City, State, Zip: | | | |
| Driver's License: | | State: | NY |
| E-mail: | | | |
| Phone: | (H) | (C) | (W) |
| Employer: | | | |
| Person to contact in case of emergency | | | |
| Name: | | Phone: | |

Personal References

Name Phone Number (s) E-mail Address Relationship

Living Arrangements

| | | |
|--|------|---------------|
| <input type="checkbox"/> Own Home <input type="checkbox"/> Own Apartment <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other: | | |
| If renting, landlord's name & phone: | | |
| Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have a fenced in yard: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of fence: | | |
| Are there any slats/openings that could allow a small dog to get in/out: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please list all persons living with you: (If none, write n/a) | | |
| Name: | Age: | Relationship: |
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| Name: | Age: | Relationship: |
| Name: | Age: | Relationship: |

Is everyone in your home aware that you have applied to foster? Yes No

Is everyone agreeable to having a foster at home? Yes No If no, please explain:

Have you ever fostered before? Yes No If yes, please explain:

Why do you want to foster for us?

Animal Care

Please list all animals living with you: (If none, write n/a)

| | | | |
|-------|------|--------|---------------------------|
| Name: | Age: | Breed: | Date of last vaccination: |
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Veterinarian Name and Phone:

If other Dog (s) living with you, how does it react to other dogs?

- Does fine with other dogs
- Does fine after a time to know a dog
- Doesn't do well with other dogs
- Depends on the dog
- Not sure, not around other dogs much

Hours per day that foster(s) will be left alone:

During the week: less than 4 hours 4-8 hours 8-10 hours more than 10 hours

During the weekend: less than 4 hours 4-8 hours 8-10 hours more than 10 hours

While left alone, foster(s) will be:

individual crate shared crate in a restricted area of home free to roam entire house

other (please explain):

Are you familiar with crate training? Yes No

How do you plan to exercise the foster, and how often? Please Explain:

Do you understand that some times a complete history and temperament of a rescue dog may not be known:

Yes No I only want to foster a dog with a known history

Are you willing to work with us to correct any possible behavior problem:

Yes No I only want to foster a dog with no problems

Are you able to transport foster dog to vet appointments and adoption events: Yes No

Do you agree to assist in the marketing of your foster for adoption? (i.e. providing pictures and video to the Pets Stop Here for social media). Yes No

Dogs can find their new homes in as little as a few weeks to several months and more. We need foster homes for the long haul and sometimes short term. Please indicate below How long you are able to foster?

- As long as it takes
- 6 months to a year
- Several months
- Emergency foster only, 1-2 weeks

Do you agree to contact us ASAP if you can no longer provide a foster home? Yes No

Do you have any concerns about fostering? If so, please explain:

All potential adopters must go through the adoption process set forth by Pets Stop Here Animal Rescue, Inc. No private adoptions may occur.

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Pets Stop Here, Inc. shall be held harmless from and against any and all claims and damages of every kind, for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer under this agreement, including claims and damages arising in whole or part from the negligence of Pets Stop Here, Inc. I agree to notify a Pets Stop Here, Inc. member of any injuries such as illness, escapes, injuries or any concerns pertaining to my foster as soon as possible.

| | |
|------------|------|
| Signature- | Date |
|------------|------|

This organization provides equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability. Thank you for your interest in volunteering with us.