



dogmaanimalrescue@gmail.com

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Facebook.com/DogmaAnimalRescue

Application for Fostering

Date: [REDACTED]	Dog(s) desired: [REDACTED]	
Applicant Information		
Name: [REDACTED]		
Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Telephone numbers: Home: [REDACTED]	Work: [REDACTED]	Cell: [REDACTED]
E-mail Address: [REDACTED]	Age: [REDACTED]	
Are you presently: <input type="checkbox"/> Employed Employer: [REDACTED]	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Position, if employed: [REDACTED]	School, if student: [REDACTED]	
Number of people in household: [REDACTED]	If children are in the household, please list ages: [REDACTED]	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been tested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	
Co-Applicant Information		
Name: [REDACTED]	Relationship: [REDACTED]	
Telephone numbers: Home: [REDACTED]	Work: [REDACTED]	Cell: [REDACTED]
E-mail Address: [REDACTED]	Age: [REDACTED]	
Are you presently: <input type="checkbox"/> Employed Employer and position: [REDACTED]	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
General Information		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
Do You Own? <input type="checkbox"/> Yes <input type="checkbox"/> No	If rental, are cats allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Complex name: [REDACTED]	Address: [REDACTED]	
Manager/Landlord: [REDACTED]	Phone number: [REDACTED]	
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit: [REDACTED]	
Where will foster animal live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the foster animal spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
Will you allow the foster to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where? [REDACTED]	
How many hours per day will the foster animal be alone? [REDACTED]	Do you have a fully fenced yard (how high)? [REDACTED]	
Where will the foster animal stay when left alone? (Room, house, bathroom, crate, etc) [REDACTED]		



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If you have to be away (vacation, business travel, etc.), who will care for the foster dog? <input type="text"/>				
Have you fostered dogs before? Please explain. <input type="text"/>				
Do you have any special skills or experience related to fostering? <input type="text"/>				
If so, approximately how many hours per day (average) will you have to work with a foster dog who needs socializing/training? <input type="text"/>				
All foster dogs have been vaccinated and examined by a vet prior to adoption. However, it's possible that a dog might be asymptomatic for a communicable virus or condition while in foster care. Do you understand this? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you able to take the foster dog to our Vet if and when necessary, provided Dogma Animal Rescue is responsible for these charges? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you know how to administer medications to a pet?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you know how to vaccinate/give fluids?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have pets, are they on flea prevention?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are they current with all vaccinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pet Information				
Name of Pet; Type of Pet	Years You've Had Pet	Spayed/Neutered	Inside/Outside	Comments
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="text"/>
Current or past vet name of clinic: <input type="text"/>			Phone: <input type="text"/>	
Are you fostering any other animals at present? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please explain: <input type="text"/>	



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Comments:

This contract states that you are aware that this animal you are fostering is property of Dogma Animal Rescue until adoption is approved and finalized. You are also aware that this animal may or may not be spayed or neutered and that an adoption cannot be finalized until the animal is. Dogma Animal Rescue is responsible for this and potential fosters cannot seek other Veterinarians care for the animals unless clearly approved by Dogma Animal Rescue. This contract agrees that this animal will be altered by the time of adoption and formal paperwork and health records for said animal will be given to adopters at that time.

Signed _____

Date _____

By signing this document, you agree to the following:

1. The foster volunteer(s) and others in the household who are or may be immune compromised for any reason or allergic should consult with their physician and act on that physician's advice in any decision to foster a dog. Dogma Animal Rescue is not and cannot be responsible for any adverse outcomes associated with such situations.
2. Dogma Animal Rescue makes no representation regarding the behavior, temperament or health of the animal you are adopting. Call us if you are concerned or have any problems and we will be happy to give you advice or a referral. Dogma Animal Rescue is not liable for any injuries, or damages caused by any animal you adopt from us.
3. Animals can often harbor animal and zoonotic diseases that have not yet manifested at the time they are placed into foster homes. Foster homes should take necessary precautions to prevent the spread of any potential diseases to animals or humans. Dogma Animal Rescue will provide medical care for any animal in our foster care program but we cannot provide medical care to animals outside our program.

I have read and understood this application and the accompanying notice and have truthfully provided information herein.

Signed _____

Date _____