



# HAPPY TAILS DOG RESCUE, INC.

## FOSTER APPLICATION

DATE: \_\_\_\_\_

NAME OF DOG(S) YOU ARE INTERESTED IN FOSTERING: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

EMPLOYED SINCE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: (\*\*WE DO NOT FOSTER/ADOPT TO ANYONE UNDER THE AGE OF 21\*\*) \_\_\_\_\_

### ABOUT YOUR HOUSEHOLD:

WHERE DO YOU LIVE? HOUSE/APARTMENT/CONDO/TRAILER/OTHER: \_\_\_\_\_

DO YOU RENT, OWN, OR LIVE WITH PARENTS/FAMILY/FRIENDS? \_\_\_\_\_

LANDLORD'S/PARENTS'/OTHERS' NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

DO THEY ALLOW PETS: \_\_\_\_\_

IS A DEPOSIT REQUIRED \_\_\_\_\_

DO YOU HAVE A FENCED IN YARD? \_\_\_\_\_ HOW HIGH IS THE FENCE? \_\_\_\_\_

DOES YOUR SPOUSE/SIGNIFICANT OTHER/ROOMMATE KNOW THAT YOU ARE FOSTERING AN ANIMAL? \_\_\_\_\_

WHAT IS HIS/HER FIRST NAME & PHONE # SO WE CAN CONFIRM? \_\_\_\_\_

NUMBER OF ADULTS IN HOME? \_\_\_\_\_ NUMBER OF CHILDREN IN HOME? \_\_\_\_\_

AGES OF ADULTS? \_\_\_\_\_ AGES OF CHILDREN? \_\_\_\_\_

ANYONE AT HOME ALLERGIC TO ANIMALS? \_\_\_\_\_

**ABOUT YOUR PETS AND VETERINARY CARE:**

WHO IS YOUR VETERINARIAN? \_\_\_\_\_

PHONE # \_\_\_\_\_ HOW LONG HAVE YOU BEEN USING THIS VET? \_\_\_\_\_

IS THE ADDRESS ON THIS APPLICATION THE ADDRESS ON FILE WITH YOUR VETERINARIAN? \_\_\_\_\_

IS THE ACCOUNT IN YOUR NAME? \_\_\_\_\_

IF NOT, WHO IS THE HOLDER OF THE VET'S ACCOUNT? \_\_\_\_\_

WHICH OF YOUR PETS HAS THIS VET BEEN CARING FOR? \_\_\_\_\_

**WHAT TYPE(S) OF PETS DO YOU OWN OR HAVE OWNED IN THE LAST 10 YEARS?**

NAME	TYPE/BREED	AGE	SPAY/NEUTERED	GENDER	STILL ALIVE?

HAVE YOU EVER GIVEN UP A PET/SURRENDERED IT TO A SHELTER? \_\_\_\_\_

IF SO, WHY? \_\_\_\_\_

**IS YOUR DOG UP TO DATE ON SHOTS AND MONTHLY WELLNESS (SEE TABLE BELOW)?**

SHOT/PREVENTATIVE	IS YOUR DOG UP TO DATE? YES/NO	DATE LAST GIVEN	WHAT IT PROTECTS AGAINST
DAPP2V			DISTEMPER, ADENOVIRUS, PARVO, PARAINFLUENZA VIRUS
BORDETELLA			KENNEL COUGH
RABIES			RABIES
FLEA & TICK			FLEAS & TICKS
HEARTWORM PREVENTATIVE*			PROTECTS AGAINST HEARTWORM*

**\* WE SUGGEST YOU SPEAK WITH YOUR VET TO FIND THE BEST PREVENTATIVE FOR YOUR DOG**

**REFERENCES:**

**REFERENCES ARE REQUIRED FOR US TO COMPLETE THE APPLICATION PROCESS. PLEASE PROVIDE THREE (3) BELOW:**

NAME	PHONE #	RELATIONSHIP TO YOU

A REPRESENTATIVE OF HAPPY TAILS DOG RESCUE, INC. MAY NEED TO CHECK THE HOME, AT ANY TIME REASONABLE TIME (8:00 a.m. to 8:00 p.m.), TO MAKE SURE IT IS A SAFE ENVIRONMENT FOR THE PET BEING FOSTERED. DO YOU AGREE TO ALLOW ONE OF THE REPRESENTATIVES TO VISIT YOUR HOME? \_\_\_\_\_

**DAY TO DAY CARE OF THE FOSTERED DOG:**

HOW MANY HOURS A DAY WILL THE DOG BE LEFT ALONE? \_\_\_\_\_

HOW OFTEN WILL YOU EXERCISE THE DOG AND FOR APPROXIMATELY HOW LONG? \_\_\_\_\_

WHERE WILL YOUR DOG BE KEPT DURING THE DAY AND DURING THE NIGHT? \_\_\_\_\_

\_\_\_\_\_

ARE YOU AWARE THAT IT CAN SOMETIMES TAKE UP TO 2 OR 3 WEEKS TO ADJUST TO ITS NEW HOME? \_\_\_\_\_

ARE YOU WILLING TO ALLOW THIS MUCH TIME? \_\_\_\_\_

SOMETIMES, WHEN CHANGING ENVIRONMENTS, THE DOGS MAY BECOME NERVOUS AND MAY GET DIARRHEA. ARE YOU WILLING TO CARE FOR THE DOG IN THE EVENT THIS HAPPENS, AND BE KIND & NURTURING TO THIS ANIMAL? \_\_\_\_\_

\_\_\_\_\_

SOMETIMES THESE ANIMALS COME TO US FROM THE MOST HORRIBLE PLACES. THEY MAY BE SCARED AND ANXIOUS. ARE YOU WILLING TO HELP THIS ANIMAL ACCLIMATE TO FAMILY LIFE? \_\_\_\_\_

\_\_\_\_\_

THESE DOGS ARE NOT ALWAYS HOUSEBROKEN AND WE ARE UNABLE TO GUARANTEE A HOUSEBROKEN ANIMAL.

ARE YOU WILLING TO HELP TRAIN THEM? \_\_\_\_\_

YOU WILL NOT HOLD HAPPY TAILS DOG RESCUE, INC. RESPONSIBLE IF THIS ANIMAL AND YOUR OWN ANIMALS HAVE A FIGHT.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IN THE EVENT YOU KNOW OR FIND SOMEONE INTERESTED IN ADOPTING YOUR FOSTER, THE NON- REFUNDABLE ADOPTION FEES ARE AS FOLLOWS:**

	DOMESTIC	INTERNATIONAL
PUPPIES /DOGS UP TO 7 YEARS OF AGE	\$400	\$500
SENIORS (7 YEARS AND ABOVE)	\$250	\$350

THE ADOPTION FEE INCLUDES THE FOLLOWING: SPAY/NEUTER, VETTING (CORE VACCINATIONS AS AGE APPROPRIATE), HEARTWORM TESTING FOR ADULT DOGS, TRANSPORT, BOARDING AND MICROCHIPPING. **IT DOES NOT INCLUDE LYME VACCINATION, LEPTOSPIROSIS VACCINATION, OR PRESURGICAL BLOODWORK FOR SPAY/NEUTER.**

PLEASE CALL OR EMAIL US TO SEND THEM AN ADOPTION APPLICATION. THEY WILL NEED TO BE SCREENED THROUGH THE ADOPTIONS TEAM.

I, \_\_\_\_\_ (PRINT NAME) HEREBY ACKNOWLEDGE THE FOLLOWING POLICIES AND AGREE TO ABIDE BY THEM DURING THE TIME THAT I AM FOSTERING THIS/THESE ANIMALS WITH THE INTENTION OF ADOPTING THEM FOR HAPPY TAILS DOG RESCUE, INC. (HTDR) -- (PLEASE WRITE YOUR INITIALS ON EACH POLICY LINE)

\_\_\_\_\_ I UNDERSTAND THAT MY ROLE IS SOLELY AS A TEMPORARY HOME, AND AGREE THAT PLACEMENT OF ANY ANIMAL(S) I FOSTER WILL BE CONDUCTED BY A HAPPY TAILS DOG RESCUE, INC. REPRESENTATIVE. IT IS THEIR ROLE TO REVIEW AND INTERVIEW POTENTIAL ADOPTERS. AS A FOSTER, I WILL MAKE MY ANIMALS AVAILABLE FOR MEET AND GREETINGS.

\_\_\_\_\_ I UNDERSTAND AND AGREE THAT I AM PERSONALLY RESPONSIBLE FOR ANY/ALL FINANCIAL EXPENSES THAT I INCUR IN MY EFFORTS TO FOSTER ANY ANIMALS. WHILE HTDR MAY CHOOSE TO REIMBURSE SOME EXPENSES, THOSE EXPENSES MUST BE SUPPORTED WITH DOCUMENTED RECEIPTS.

\_\_\_\_\_ I UNDERSTAND THAT SHOULD THE ANIMAL BECOME ILL (KENNEL COUGH, GIARDIA, DIARRHEA) THAT HTDR WILL BE RESPONSIBLE FOR VETTING. HOWEVER, IF THE ANIMAL BECOMES INJURED IN MY HOME, IT WILL BE MY RESPONSIBILITY TO PAY TO VETTING COSTS FOR THIS ANIMAL.

\_\_\_\_\_ I UNDERSTAND THAT HTDR CANNOT GUARANTEE OR BE HELD RESPONSIBLE FOR THE TEMPERAMENT, BEHAVIOR OR HEALTH OF ANY ANIMAL THAT I MAY FOSTER. I AM AWARE THAT THESE ANIMALS MAY CAUSE DAMAGE TO MY PERSONAL PROPERTY, OTHER PETS AND PEOPLE. I AGREE TO THE SOLE RESPONSIBILITY FOR THESE OCCURRENCES. I WILL KEEP ANIMAL(S) SECURELY CONTAINED AT ALL TIMES WHILST IN MY CARE.

\_\_\_\_\_ I UNDERSTAND THAT IT IS MY DECISION TO FOSTER THIS/THESE ANIMALS FOR HTDR. I WILL NOT HOLD HTDR LIABLE FOR ANY DAMAGE, INJURY OR HARM, CAUSED DIRECTLY OR INDIRECTLY THROUGH MY ACTIVITIES WITH HTDR. I CARRY LIABILITY INSURANCE COVERAGE IN THE EVENT OF PERSONAL INJURY OR OTHER DAMAGES RESULTING FROM THIS AGREEMENT.

\_\_\_\_\_ I UNDERSTAND THAT SHOULD I DECIDE TO KEEP THE ANIMAL(S) I AM FOSTERING, THAT I WILL NEED TO APPLY TO HTDR WITH A PHONE CALL (MY FOSTER APPLICATION ALSO SERVES AS AN ADOPTION APPLICATION) AND PAY THE APPROPRIATE ADOPTION FEE(S).

\_\_\_\_\_ I UNDERSTAND THAT I, AS THE FOSTER, WILL BE RESPONSIBLE FOR PROVIDING VERBIAGE ON MY FOSTER ANIMAL SO THAT HTDR MAY UPDATE THEIR FILES APPROPRIATELY. THOSE UPDATED MAY BE SENT TO ADOPT@HAPPYTAILSDOGRESCUELI.ORG

\_\_\_\_\_ I UNDERSTAND THAT THE FOSTER FAMILIES BECOME THE BEST VOICE FOR THE ANIMALS. IF AN APPLICANT IS INTERESTED IN ADOPTING THIS PET, I UNDERSTAND THAT I WILL NEED TO SPEAK WITH THEM REGARDING THE ANIMAL. IF YOU FIND THAT THE APPLICANT IS NOT A GOOD MATCH, PLEASE CONTACT US AS SOON AS POSSIBLE.

\_\_\_\_\_ I UNDERSTAND THAT THE MAJORITY OF ANIMAL FIGHTS HAPPEN BECAUSE BOTH ANIMALS WANT THE SAME THING - THE ATTENTION FROM THE FOSTER/ADOPTER. I WILL PAY AS MUCH ATTENTION TO MY OWN ANIMALS AS I DO TO THE FOSTERED ANIMAL. I UNDERSTAND THAT MY OWN ANIMALS AND THE FOSTERED ANIMAL WILL BECOME TERRITORIAL OVER THINGS LIKE TOYS, TREATS, AND DOG BEDS. TO AVOID ANY POTENTIAL TERRITORIAL CONFLICTS, I AGREE TO MAKE SURE THAT THESE ITEMS ARE NOT "LAYING AROUND".

FOSTER FAMILIES ARE RESPONSIBLE FOR LOVING AND FEEDING THE ANIMAL(S) THEY TAKE HOME. PLEASE NOTE THAT SOMETIMES A CHANGE IN DIET MAY UPSET THE ANIMAL'S DIGESTIVE TRACT. THEY MAY INITIALLY GET DIARRHEA FROM THE CHANGE IN FOOD. IF THE DIARRHEA PERSISTS MORE THAN 2 DAYS, PLEASE CALL US IMMEDIATELY.

FOSTER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_