



HAPPY TAILS DOG RESCUE, INC.

FOSTER WITH INTENT TO ADOPT APPLICATION

DATE: _____

NAME OF DOG(S) YOU ARE INTERESTED IN FOSTERING WITH INTENT TO ADOPT: _____

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 VET'S OFFICE? _____

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 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 REASONABLE TIME (8:00 a.m. – 8:00 p.m.), TO MAKE SURE IT IS A SAFE ENVIRONMENT FOR THE PET. DO YOU AGREE TO ALLOW ONE OF THE REPRESENTATIVES TO VISIT YOUR HOME? _____

DAY TO DAY CARE OF 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: _____

NON-REFUNDABLE ADOPTION FEE AND PAYMENT SCHEDULE:

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, MICROCHIPPING, TRANSPORT AND BOARDING. **IT DOES NOT INCLUDE LYME VACCINATION, LEPTOSPIROSIS VACCINATION, OR PRESURGICAL BLOODWORK FOR SPAY/NEUTER.**

PAYMENT SCHEDULE IS AS FOLLOWS:

INITIAL 50% OF ADOPTION FEE	DUE IN CASH WHEN YOU TAKE YOUR DOG HOME TO BEGIN FOSTERING WITH INTENT TO ADOPT.
SECOND 50% OF ADOPTION FEE	DUE IN CASH OR CREDIT CARD ON THE DATE OF THE SPAY/NEUTER PROCEDURE OR AFTER THE ONE WEEK TRIAL PERIOD (IN CASES WHERE DOG BEING FOSTERED WITH INTENT TO ADOPT IS ALREADY SPAYED/NEUTERED.)

ALL FAMILIES THAT "FOSTER WITH THE INTENT TO ADOPT" HAVE ONE WEEK FROM THE DATE THEY TAKE THE DOG/PUP HOME TO DETERMINE IF THE DOG/PUP IS A GOOD FIT FOR THE FAMILY. IF YOU DECIDE AFTER **ONE WEEK** THAT IT IS NOT A GOOD FIT FOR YOU, YOUR 50% ADOPTION FEE WILL BE REFUNDED TO YOU UPON RETURNING THE DOG TO HAPPY TAILS DOG RESCUE ON THE DATE SPECIFIED AT A LOCATION TO BE DETERMINED BY THE RESCUE.

IN THE EVENT YOU DECIDE TO ADOPT AN ANIMAL FROM HAPPY TAILS DOG RESCUE, INC. FOLLOWING ITS FOSTER CARE, YOU AGREE TO PAY THE NON-REFUNDABLE ADOPTION FEE ACCORDING TO THE TERMS SET FORTH ABOVE.

IN THE EVENT THAT THE SECOND 50% OF THE ADOPTION FEE IS NOT PAID ON THE DATE OF THE SPAY/NEUTER PROCEDURE, THE PROCEDURE WILL BE RESCHEDULED FOR A DATE NOT LATER THAN TWO (2) WEEKS FOLLOWING THE SCHEDULED DATE (SUBJECT TO THE AVAILABILITY OF THE VET). SHOULD YOU FAIL TO KEEP THE RESCHEDULED SPAY/NEUTER APPOINTMENT, HAPPY TAILS DOG RESCUE RESERVES THE RIGHT TO TAKE POSSESSION OF THE DOG, AT WHICH TIME THE INITIAL 50% OF THE ADOPTION FEE WILL NOT BE REFUNDED.

IN THE EVENT HAPPY TAILS DOG RESCUE INCURS ANY COSTS OR EXPENSES IN CONNECTION WITH SECURING PAYMENT FROM YOU OF THE ADOPTION FEES SET FORTH ABOVE, YOU AGREE TO PAY ALL REASONABLE ATTORNEYS' FEES AND COLLECTION COSTS.

YOUR SIGNATURE: _____ DATE: _____

FOSTER WITH INTENT TO ADOPT POLICIES:

I, _____ (PRINT NAME) HEREBY ACKNOWLEDGE THE FOLLOWING POLICIES AND AGREE TO ABIDE BY THEM DURING THE TIME THAT I AM FOSTERING THIS ANIMAL WITH THE INTENT OF ADOPTING IT FROM HAPPY TAILS DOG RESCUE, INC. (HTDR) -- (PLEASE WRITE YOUR INITIALS ON EACH POLICY LINE BELOW)

_____ I UNDERSTAND AND AGREE TO BRING THE DOG/PUP FOR ANY ADDITIONAL CORE VACCINATIONS NEEDED WHILE I AM FOSTERING WITH INTENT TO ADOPT WITHIN THE SPECIFIED TIME FRAME AND UNDERSTAND THAT MY FAILURE TO DO SO IS CONSIDERED A FORM OF *NEGLECT AS IT ENDANGERS THE HEALTH OF THE DOG/ PUPPY.* **I UNDERSTAND THE RESCUE DOES NOT PROVIDE LYME OR LEPTOSPIROSIS VACCINATIONS.**

_____ I UNDERSTAND THAT AN APPOINTMENT TO HAVE MY PUPPY SPAYED/NEUTERED WILL BE SCHEDULED WHEN THE PUPPY REACHES APPROXIMATELY 16 WEEKS OF AGE, UNLESS THERE IS A MEDICAL CONDITION PRESENT WHICH WOULD PREVENT THE PROCEDURE FROM BEING DONE. I AGREE TO BRING THE DOG TO BE SPAYED/NEUTERED WHEN

CONTACTED AND SCHEDULE THE APPOINTMENT WITHIN THE TIME FRAME GIVEN AND TO KEEP THE APPOINTMENT AS SCHEDULED.

_____ I UNDERSTAND THAT THE RESCUE PROVIDES ONE DOSE OF HEARTWORM PREVENTATIVE AND FLEA AND TICK PREVENTATIVE WHILE I AM FOSTERING WITH INTENT TO ADOPT. I UNDERSTAND THAT I AM RESPONSIBLE FOR PROVIDING ALL OTHER HEARTWORM AND FLEA AND TICK PREVENTATIVE.

_____ I UNDERSTAND AND AGREE THAT I AM PERSONALLY RESPONSIBLE FOR ANY/ALL FINANCIAL EXPENSES THAT I INCUR IN MY EFFORTS TO FOSTER WITH INTENT TO ADOPT. I UNDERSTAND THAT ANY VITAMINS, TOYS, CLOTHES ARE NOT COVERED BY THE RESCUE.

_____ 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 THE VETTING COSTS FOR THIS ANIMAL.

_____ I UNDERSTAND THAT THE 50% BALANCE OF THE ADOPTION FEE IS REQUIRED TO BE PAID ON THE DAY OF SPAY/NEUTER OR AT THE END OF THE ONE WEEK TRIAL PERIOD (IF DOG BEING FOSTERED WITH INTENT TO ADOPT IS ALREADY SPAYED/NEUTERED). I WILL NOT ASK THE RESCUE FOR A PAYMENT PLAN, OR EXPECT A DEDUCTION BECAUSE I DO NOT HAVE THE MONEY TO PAY FOR THE DOG. THE ADOPTION FEE IS NON-NEGOTIABLE AND NON-REFUNDABLE. I UNDERSTAND AND AGREE THAT HDTR IS ENTITLED TO THE RIGHTS AND REMEDIES LISTED IN THE "PAYMENT SCHEDULE" SECTION OF THE FOSTER WITH INTENT TO ADOPT APPLICATION.

_____ I UNDERSTAND THAT HTDR CANNOT GUARANTEE OR BE HELD RESPONSIBLE FOR THE TEMPERAMENT, BEHAVIOR OR HEALTH OF ANY ANIMAL THAT I FOSTER WITH INTENT TO ADOPT. 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 WILL NEVER LEAVE THE DOG/PUPPY UNATTENDED IN MY BACK YARD OR CHAINED IN MY YARD. I WILL NOT GO TO WORK OR GO ON ERRANDS WHILE MY FOSTER DOG/PUPPY IS OUTSIDE. I UNDERSTAND THAT THIS MAY LEAD TO THEM DIGGING OUT UNDER THE FENCE AND RUNNING AWAY OR GETTING INTO MY NEIGHBORS' YARDS AND EITHER HURTING THEIR ANIMALS OR THAT THEIR ANIMALS MAY HURT/KILL MY FOSTER DOG/PUPPY.

_____ I UNDERSTAND THAT IT IS MY DECISION TO FOSTER WITH INTENT TO ADOPT THIS ANIMAL 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 I AM RESPONSIBLE FOR THE WELL BEING OF THIS PUPPY/DOG DURING THE TIME I AM FOSTERING WITH INTENT TO ADOPT. SHOULD THE PUPPY/DOG RUN AWAY, GET LOST, DIG OUT OF MY YARD, HAVE A HEALTH ISSUE DUE TO NEGLECT DURING THIS TIME, ETC., I WILL BE RESPONSIBLE FOR THE ENTIRE ADOPTION FEE AND ANY ADDITIONAL EXPENSES THE RESCUE MAY INCUR, (I.E. ANY NEEDED VETERINARY CARE AS A RESULT).

_____ 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 SIGNATURE: _____ DATE _____

APPLICANT'S DRIVER'S LICENSE # _____ STATE _____ EXP. DATE _____