



DAYTONA BEACH GERMAN SHEPHERD RESCUE FOSTER APPLICATION

Procedure: * Completely fill out & sign application. * For applications selected, a vet-check will be done, then a home visit made. * Fosters always get to decide which dog(s) they will take in, when and for how long. *Fosters do not name the dogs* DBGSD Rescue pays all veterinary expenses for foster dogs as long as rescue approved vets are used *

Today's Date: _____

Name of dog(s) you want to foster (if known) _____

Please print identification information clearly, especially email address:

Applicant(s) Name _____

Address _____

City _____ State _____ Zip _____

Place of Employment _____ Since (mo/yr) _____

E-mail _____ Home Phone _____ Work Phone _____

Cell phone _____

1. Why do you want to foster a dog?

2. Please list any preferences (age, size, sex, breed, personality) _____

3. Have you fostered for another rescue organization(s)? ___ yes ___ no If so, where, when and how many dogs?

4. Have you ever had an application declined for fostering or adopting an animal from an animal welfare group/animal control facility? ___yes ___no

Explain: _____

5. Are you willing to take the time to housebreak a foster dog?

___ yes ___ no, prefer housebroken dog

6. If a behavioral problem arises with you foster dog, what steps would you take to work on it?

7. If you are applying to foster a puppy/dog who is not housetrained, how would you housetrain the dog: _____

8. Does any member of the family have any allergies to animals? ___yes ___no
Explain _____

9. How many people live in your home? _____

10 Are there any children in the household? ___yes ___ no
If yes, what are their ages? _____

11. What kind of obedience training could you provide a foster dog? _____

12. Would you crate trained a foster dog? ____ yes ____ no

13. Describe those pets you currently own:

If you have more animals than space provided, please use an additional sheet of paper and attach to this form.

a. Name _____ Type _____ Age _____ Sex _____
Is the pet Spayed or Neutered? ___ yes ___ no

Indoor pet _____ Outdoor pet _____

How did you acquire the animal? _____

Any issues with aggression (protectiveness, resource guarding, fights with other dogs?) ___ yes ___ no Explain: _____

Comments: _____

b. Name _____ Type _____ Age _____ Sex _____
Is the pet Spayed or Neutered? ___ yes ___ no

Indoor pet _____ Outdoor pet _____

How did you acquire the animal? _____

Any issues with aggression (protectiveness, resource guarding, fights with other dogs?) ___ yes ___ no Explain: _____

Comments: _____

14. Describe all pets you previously owned in the last 10 years:

If you have had more animals than space provided, please use an additional sheet of paper and attach to this form.

a. Name _____ Type _____ Age _____ Sex _____
Was the pet Spayed or Neutered? ___ yes ___ no

Year deceased (or last year you had pet)? _____
Cause of death, or where pet is now (detail) _____

b. Name _____ Type _____ Age _____ Sex _____
Was the pet Spayed or Neutered? ___ yes ___ no

Year deceased (or last year you had pet)? _____
Cause of death, or where pet is now (detail) _____

15. List a vet/animal hospital where your current animal(s) receive care:

Name(s) Phone # with area code _____

What owner name(s) are records listed under _____

16. Will you be available to take a foster dog to rescue approved veterinary appointments (coordinated with your schedule)? _____

17. Will you be able to take a foster dog for emergency night/weekend veterinary care, should it be necessary? _____

18. What type of home do you live in?
___ house ___ townhouse ___ duplex ___ condo ___ apt ___ mobile

19. Do you own or rent your residence? ___ own ___ rent

20. Please provide name and contact number for your Home Insurance company

Name: _____

Phone number: _____

21. Do you have a fenced yard? ___ yes ___ no

What type of fence? _____

How tall? (Give range of heights, if relevant) _____

22. How many hours would the foster dog be left unattended (i.e., workday, including commuting time)? _____
23. When you are home, where would the foster dog be kept? _____
24. Where would the dog sleep? _____
25. When no one is home (i.e. at work, shopping), where would the dog stay (be specific)? _____
26. How often do you travel? _____
27. What kind of arrangement will you make for your foster dog while traveling? _____

PLEASE READ AND INITIAL THE FOLLOWING:

____ I agree to provide the Authorized Rescue Representative access to all parts of my home and property for a home inspection before my application to foster is approved.

____ I understand that I could be required to provide foster care to my foster animal for an extended and indefinite period of time. I agree that the period covered by this agreement is the entire time during which I have custody of my foster animal.

____ I agree to provide my foster animal with proper and routine veterinary care and bring him/her to a rescue approved vet. I also understand that I must keep my foster animal on regular heartworm and flea & tick preventative medication provided by the rescue.

____ I understand that I am not financially responsible for all proper and routine veterinary care described in the preceding paragraph, including vaccinations, as well as for all food and shelter, for my foster animal. (Food is provided upon request). If I wish to feed my foster dog specific food, it must be approved by the rescue and you might be asked to cover the cost of that.

____ I understand that Rescue provides no guarantee as to the health of my foster animal, and that my foster animal may have significant medical needs, socialization problems, and not be housebroken. I also understand that the foster animal may have contagious illness which may affect my current animals and Daytona Beach GSD Rescue is not responsible for any costs of damages associated with these illnesses and will not financially cover the veterinary bills of my personal pets.

____ I understand that I may only have my foster animal temporarily.

____ I agree to immediately return any foster animal in my care to the Rescue at the request of the Authorized Rescue Representative, at any time and for any reason. If the Rescue is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify DBGSD Rescue for all court costs and attorneys' fees connected with such an action.

____ I understand that, as long as I provide foster care to my foster animal to the Rescue's satisfaction, I will be given the first right of adoption of my foster animal, at such time as the rescue decides to offer my foster animal for adoption. I understand that adoption fees will apply.

____ I understand that the foster animal is subject to bite and I guarantee to take all the safety precautions to avoid such an incident. That includes the animal being walked on leash only, no visits to the dog parks unless

authorized by the Rescue. In case of a dog bite, I understand that I could be held responsible and that I must notify the Authorized Rescue representative immediately.

I have read this Agreement in its entirety, and I agree that all statements and stated agreements contained in this document are made by me, and are truthful, under penalty of perjury under the laws of the state of Florida

Signature(s) _____ Date _____

Printed Full Name(s) _____