



FOSTER APPLICATION

PERSONAL INFORMATION (Please print):

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/Cell phone: _____

Email: _____

HOUSEHOLD INFORMATION:

How many people are in your household?

Adults over the age of 21 (including self): _____ Ages: _____

Children (under 21): _____ Ages: _____

Does anyone in the household have allergies to dogs?

Yes No If yes, who? _____

Do you live in:

___ HOUSE ___ APARTMENT ___ CONDO ___ DUPLEX ___ MOBILE HOME ___ TOWNHOME

Do you: ___ OWN ___ RENT ___ LEASE

How long have you been at this address? _____

If renting/leasing, are there pet restrictions? ___ YES ___ NO

If yes, what are they? _____

Landlord's name _____ Landlord's phone _____

If renting, we will contact your landlord to ask if fostering animals in your home is acceptable. You will not be able to foster until we receive positive confirmation.

Who will be the primary caretaker of your foster dog(s) _____

Do you or anyone in your home smoke? _____

Describe your yard:

No yard Unfenced yard Partially fenced yard Completely fenced yard

Height of fence: _____ (Ft) Made of? Wood Chain link Brick Other _____

Foster dogs and puppies must be supervised at all times when outdoors.

If you don't have a fenced in yard, do you agree to keep your foster dog on leash at all times

Outside? Yes No

How many hours during the AVERAGE day will this dog spend WITHOUT a human? _____

Where will this dog be when someone is home? _____

Where will this dog be when alone? _____

Where will this dog sleep at night? _____

What situations do you feel unprepared for?

Excessive barking Digging Shy, fearful, or under socialized dog

Not good with small animals/cats Providing on-going training Destructive chewing

Escaping Not good with children Scratching/biting Very high activity level

Not housetrained Resource (food/toy) aggression Not good with other dogs

Administering medications Deaf/Blind dogs

If an emergency arises, are you able to drive your foster dog to the nearest emergency veterinarian?

Please locate your nearest emergency veterinarian by doing a quick online search, and fill out the following:

Clinic/Hospital name: _____ Number: (____) _____ - _____

Address: _____

What veterinarian have you used in the past? _____

Address: _____

Phone Number: _____ Do you still use this veterinarian? Yes _____ No _____

Please provide names and phone numbers of two references (neighbors, veterinarians, other rescues, etc. Relatives MAY NOT be used as references):

Name: _____ Phone: _____ Relationship: _____

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May we contact veterinarian listed, as well as references you provided? _____

INITIALS: _____

May we perform a scheduled house visit before we finalize the foster process in order to ensure the well-being of our dogs? _____

INITIALS: _____

I ACKNOWLEDGE THAT ALL THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS MAY RESULT IN MY NOT BEING APPROVED TO FOSTER A PET OR THE REMOVAL OF THE FOSTERED PET FROM MY HOME BY HEARTBEAT AT YOUR FEET ANIMAL RESCUE, INC.

HEARTBEAT AT YOUR FEET ANIMAL RESCUE, INC. RESERVES THE RIGHT TO REFUSE OR DENY ANY APPLICATION.

Foster Signature _____ Date: _____

Please fax or email this application to us:

EMAIL: HEARTBEATATYOURFEET@GMAIL.COM

FAX: (305)278-0093

For more information, call: Claudia Navarrete (305)343-9286
