

ANGELS FOR SARA SANCTUARY

Volunteer Foster Home Application

CONTACT INFORMATION

Applicant's Name: _____

Co-Applicant's Name: _____

Address: _____

City _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

(Other) _____ Phone Number: _____

Email Address: _____

HOUSEHOLD INFORMATION

What type of home do you live in? Apartment; Town House; Duplex; Single Family;
Farm house; Other

Do you rent or own?

If you RENT, is your landlord aware of your intentions to foster? Also, please list your landlord's information for Angels For Sara Sanctuary to contact them.

Landlord's Name _____

Phone Number: _____

Email: _____

We also require a letter from your landlord stating that they have no concerns with you fostering for Angels For Sara Sanctuary.

Is anyone in the household a smoker? Some of our senior dogs have respiratory problems and smoke in the home can be difficult for them.

Yes No

What type of flooring do you have? carpet; rugs; hardwood floors; tile

If your foster dog has trouble adjusting to your flooring how will you accommodate him/her?

Do you have stairs? If so, how many and where?

Are you willing and able to help your foster dog go up and down the stairs if necessary?

Do you have a fenced yard?

What type of fence (solid wood, chain link, etc), and what height?

What other people live in your home with you? : (please list names, ages and relationship to you)

Who will be primarily responsible for the foster senior dog?

Do you have other animals living in your home? : (please list species, breeds, ages, names)

Yes

How would you describe the way your pet(s) reacts around other dogs?

Is everyone in your household in agreement with taking in a senior foster dog and helping care for him/her?

Do you have kennel runs?

Do you have a crate for foster dogs?

Do you have experience with crating dogs?

Where will the foster dog be kept when you're home?

Where will the foster dog be kept when you're gone?

What is the longest amount of time the dog would be left alone for on a daily basis?

What is the longest amount of time the dog would be left alone for any reason at all?

Where will the foster dog be kept at night?

If you have children, what behavioral restrictions would be enforced in regards to interactions with the foster dog?

Have you completed an obedience class with your pet(s)?

Do you have dog training experience? If so, what type?

Some of our dogs will be terminally ill senior dogs and we have a hospice program. Would you be willing to foster them? Yes

Have you fostered before? Yes

If so, where and when?

Contact person name and phone number:

Explain what experience you've had with senior dogs:

What traits would you find unacceptable in a foster dog? (i.e. aggression, shyness, etc.) :

What form of discipline would you use for your foster dog if needed? Please explain in detail :

Please check what behavioral problems are you willing and able to deal with

Separation anxiety
Shyness or fear
Barking
Not leashed trained
Not house-trained or incontinent due to age
Resource guarding with people
Resource guarding with other animals
Significant emotional challenges (extreme shyness, anxiety, etc.)
Significant behavioral challenges (snapping, growling, biting, etc.)
Other _____

Please check what physical challenges are you willing and able to deal with

Blind
Deaf
Amputee
Arthritis
Hip dysplasia
Malnourishment
Diabetes
Epilepsy
Other condition that requires regular medication
Other _____

Are you willing to work with dogs with incontinence?

What training enforcements would you (or do you) use?

Choke chain
Martingale collar
Shock collar
"Bark Busting" collars
Harness
Head halter
Positive reinforcement only
Please explain types of positive reinforcements

What types of "Behavioral Problems" and "Physical Problems" have you had experience with?

Some of our senior dogs are quite active, how active of a dog would you be willing to take on?

How would you exercise your foster dog?

We require that any training you wish to do with the foster dog (other than positive reinforcement) must be cleared by an Angels For Sara Sanctuary representative?

Yes, I agree to get it cleared.

What circumstances would result in you having to return the foster dog to Angels For Sara Sanctuary?

References:

Name _____
Phone Number _____
Relationship to you: _____ (i.e. friend, coworker, etc.)

Name _____
Phone number: _____
Relationship to you: _____ (i.e. friend, coworker, etc.)

Name _____
Phone number: _____
Relationship to you: _____ (i.e. friend, coworker, etc.)

The undersigned (hereafter referred to as “the foster”) has agreed to foster his/her services or facilities to Angels For Sara Sanctuary. The foster(s) acknowledges and understands that the dog(s) involved in Angels For Sara Sanctuary’s program may be untrained or unhealthy, and that Angels For Sara Sanctuary makes no representations whatsoever regarding the dog’s temperament, health (including the presence or absence of transmittable diseases to humans or other animals), age, ability, attitude or trainability.

The foster(s) assumes all risks relating to working with Angels For Sara Sanctuary. The foster(s) hereby releases Angels For Sara Sanctuary, its officers, directors, members participants, volunteers and affiliates (Angels For Sara Sanctuary Participants) from any and all claims, actions, liabilities, damages and costs of any kind ("claims and costs") arising out of the transportation, fostering or any other work or activity with any dog connected with Angels For Sara Sanctuary. If anyone in the foster's household, or any business or social visitor to the household, make a claim the foster will indemnify, defend and hold Angels For Sara Sanctuary and the Angels For Sara Sanctuary participants harmless from such claims and costs.

Applicant:

Co-Applicant

Print Name _____
Signed _____
Date _____

Print Name _____
Signed _____
Date _____

I/we attest that I/we understand the important issues addressed of this agreement. By signing, I/we are agreeing to adhere to the conditions and requirements of this agreement. I/we are signing of my own free will and not under duress of any kind. I/we affirm that I/we or any other member of the household have never been charged with animal cruelty, and that I/we or any other member of the household are not, nor have ever been, an animal dealer or broker. I/we hereby agree that if we take Angels For Sara Sanctuary foster dog to another vet, not associated with the Sanctuary we authorize our veterinarian, listed below, to discuss and share medical information on the foster dog(s) and will be responsible for all payments due that vet.

Applicant:

Co-Applicant

Print Name _____
Signed _____
Date _____

Print Name _____
Signed _____
Date _____

Veterinarian contact information:

Name of Veterinary _____

Phone number: _____

Address: _____

City _____ Zip Code _____

Thank you so much for your interest to foster for Angels For Sara Sanctuary.