



Name of dog you wish to foster: _____

Pasado's Safe Haven Foster Application – Dog

Date: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Employer: _____ Occupation: _____

Spouse/Partner Name: _____ Work Phone: _____

Spouse/Partner Employer: _____ Occupation: _____

1. Have you consulted with your spouse/roommate regarding this foster? Yes No

2. How does your spouse/roommate feel about a dog? _____

HOUSEHOLD:

3. Do you live in: House Townhouse Condo Mobile Home Apt, Complex Name _____

4. Do you: Rent Own

5. If renting, please provide landlord's name and number: _____

6. Do you have permission from the landlord to keep a pet? Yes No

7. Please indicate yard size: Large Medium Small None

8. How tall is your fence? 4ft 5ft 6ft None

9. Is your yard completely fenced? Yes No

10. Do you have a dog run or dog house? Yes No

11. Please list the names of all your household members. Include ages for household members under age 18.

12. Will this dog be in the presence of children frequently? Yes No. If yes, what ages? _____

13. Do any household members have known allergies to dogs? Yes No

14. Please list the pets that you have had in the past five years (both current and those you no longer own):

Breed/Type	Age	Sex	Spayed/Neutered	How long owned?	What happened to him/her?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PET CARE:

15. Where will your dog spend the day? Basement Garage Loose Indoors Loose Outdoors Crate
 Tied Up Outside Other

16. Where will your dog spend the night? Basement Garage Loose Indoors Loose Outdoors Crate
 Tied Up Outside Other

17. On the average, how many hours per day will the dog be alone? _____

18. How will the dog get adequate exercise? _____

19. Do you have steps in or outside your house? Yes No If so, how many? _____

20. If you're fostering a senior dog, will the dog be able to go outside to the bathroom easily? Why? _____

ANIMAL SELECTION/BEHAVIORS:

21. How active a dog do you want? Agility Running Companion Walking Companion Lounging

22. When did you last housetrain a dog? _____ What method did you use? _____

23. What type of obedience training will you provide? Class On your own None Other

24. What is your method of correcting poor behavior in an animal (ie. soiling in house, play biting, etc) ? _____

25. Please describe the activity level(s) at your home. (ie. very busy, calm, noisy, etc.) _____

26. For what potential problems do you feel unprepared? *Please check all that apply.*

- Biting Housesoiling Not good with other animals Not good with children Excessive chewing
- Excessive grooming needs Excessive activity level Medical Issues Confinement issues
- Other _____

ANIMAL FOSTER AGREEMENT

I hereby agree to abide by the following policies during the time that I am fostering animals for Pasado's Safe Haven:

1. I understand that it is my decision to foster animals for Pasado's Safe Haven. I will not hold Pasado's Safe Haven, or any of its employees or volunteers, liable for any damage, injury, or harm caused directly or indirectly through my fostering activities.
2. I understand that Pasado's Safe Haven cannot guarantee or be held responsible for the temperament, health, or behavior of foster dogs that I may handle, and I am aware that dogs may cause property or personal damage. I will keep the foster animal securely contained while in my care.
3. If the animal I am fostering needs emergency medical care (as defined by the veterinarian you will have taken the animal to), all emergency medical care will be paid for by Pasado's Safe Haven unless the injury is due to my negligence (i.e. allowing the animal to run into a street and be hit by a car, etc.) If the animal I am fostering appears to need non-emergency veterinary care, I will first call Pasado's Safe Haven to be directed to a veterinarian of their choice. Pasado's Safe Haven will not assume non-emergency veterinary bills incurred without authorization.
4. I understand that the animal being fostered will continue to be available for adoption. If the animal is needed for an adoption event, I will make the appropriate arrangements to have the animal brought to the designated location.
5. If the animal I am fostering receives a valid adoption application, I will have the option of adopting the animal myself. I must fill out an adoption application and return it to Pasado's Safe Haven within 48 hours after being contacted about a potential adopter.
6. Upon termination of this agreement by either parties, the animal must be returned to Pasado's Safe Haven immediately.
7. I understand that some animals will not survive or may have to be euthanized and that this decision is up to the Pasado's Safe Haven staff.

Signature

(Printed Name)

(Address)

(Phone)

PLEASE SIGN AND MAIL TO US AT P.O. BOX 171, SULTAN, WA 98294 OR FAX TO 425-820-1717. IF FILLING OUT AND SENDING VIA EMAIL, FILLING OUT THE ABOVE INFORMATION CONSTITUTES ACCEPTANCE OF ABOVE TERMS. THANK YOU!