



SURVIVOR TAILS ANIMAL RESCUE

Foster Application

Tell us about yourself...		
Name:		Co-applicant's Name:
Street address:		
City:	State:	Zip code:
Home phone:	Cell phone:	Work phone:
Email Address:		Alternate Email:
Number of people in household:	Kids in household or that visit often?: <input type="checkbox"/> Yes <input type="checkbox"/> No Ages:	
Are the children good with animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you consistently supervise all kids with your foster pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or any member of your household allergic to cats or dogs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Occupation (optional):		<input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired
Will you stay committed to your foster pet(s) until he or she has a forever home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
With any animal living in a new situation, please remember that the pet needs time to adapt to you, your home, your rules, etc. Are you prepared for an extended adjustment period for you and a foster pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to leave town while fostering a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how do you plan to care for your current foster pet(s) while you're away?		
If for some reason you are no longer able to care for your foster pet, do you agree to contact Survivor Tails Animal Rescue immediately and return the pet to us only within one week? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of hours you plan to spend with foster pet(s) daily:		Number of hours foster pet(s) will be alone:
<p>Are you interested in fostering a <input type="checkbox"/> Cat or <input type="checkbox"/> Dog?</p> <p>Are you interested in a specific animal? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list the animal's name: _____</p> <ul style="list-style-type: none"> • Do you agree to a home visit by Survivor Tails Animal Rescue before you start fostering?: <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you agree to follow-up home visit by Survivor Tails Animal Rescue after you start fostering?: <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you agree to attend at least one adoption event per month with your current foster pet(s)?: <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you willing to foster pregnant or nursing animals? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you willing to foster senior, sick, or special needs pets?: <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you willing to potty train foster pets? <input type="checkbox"/> Yes <input type="checkbox"/> No • Will you alert Survivor Tails immediately if you find you have taken on too much and give us time to fix the issue?: <input type="checkbox"/> Yes <input type="checkbox"/> No • How many pets are you willing to foster concurrently?: _____ (Note: A maximum of 3 Survivor Tail animals will be allowed per household.) • My ideal foster pet would be between _____ and _____ years old. • My ideal foster pet would weigh between _____ and _____ lbs. • Currently, I have _____ dogs and _____ cats of my own. 		
Experience		
Please tell us why you want to foster for Survivor Tails Animal Rescue:		

<ul style="list-style-type: none"> • Have you ever fostered for an animal rescue, shelter or organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were you able to foster the animal until he/she was adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • If not, please explain: _____ 	
<ul style="list-style-type: none"> • Have you ever volunteered in other forms for an animal rescue or shelter organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If you answered yes, please complete the following: Organization name(s): _____ Organization contact info: _____ Length of time you volunteered: _____ Are you still with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain: _____</p> <ul style="list-style-type: none"> • I have found homes for animal(s) on my own: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please explain: _____ • Right now, I have a pet/ pets in need of a home: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please explain: _____ • Do you plan to foster for another group or privately rescue pets while fostering for Survivor Tails? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please specify: _____ 	
Do you know how to tell if your foster animal is sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your foster pet ever becomes sick or hurt, how will you deal with it?	
Do you know which foods/items can harm your foster pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	What food do you plan to feed your foster pet?
Are you willing to work with a foster dog on behavior issues (houstraining, chewing, etc.) if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any behavior or medical issues that you are unwilling to work with a foster pet on? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Have you ever trained a dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of training did you use?
Would you consider basic manners training for your foster(s) if paid for by Survivor Tails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Info	
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Rent or <input type="checkbox"/> Own?	If renting, are dogs allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord Name: _____ Phone: _____
Size restrictions:	
Are there any specific breeds banned by your insurance or property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the breeds.	
How many hours will your foster(s) spend alone daily?	How many hours will your foster(s) spend alone nightly?
Where will the foster(s) spend days? Describe:	Where will the foster(s) spend nights? Describe:
Is your yard fully fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe your fence: <i>(height, size and type, including invisible)</i>
If your yard is unfenced, how will you exercise your dog/ handle toilet duties?	
Please describe the usual feel of your living space: <i>(check all that apply)</i>	
<input type="checkbox"/> Bright <input type="checkbox"/> Dark <input type="checkbox"/> High Traffic <input type="checkbox"/> Low Traffic <input type="checkbox"/> Calm <input type="checkbox"/> Chaotic <input type="checkbox"/> Quiet <input type="checkbox"/> Loud <input type="checkbox"/> Open <input type="checkbox"/> Crowded	

Current Pet Info				
Do you currently live with other pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have they lived with other animals before? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
Name, Species, Breed of all current pets	Age / Sex	Altered	Demeanor	Indoor/Outdoor
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do these pets belong to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are all animals up-to-date on vaccines, heartworm, and flea/tick prevention (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list all past pets, how long you had them, and where they are now. If they have passed on, please include if it was from natural or other reasons.				
References				
Current or Former Veterinary Clinic (Please contact this vet ASAP and give them permission to speak to us you about your pet care history. FYI, your signature below will serve as proof of your permission to release the aforementioned information (required by some Vets).				
Clinic Name and Veterinarian's Name:			Phone:	
Client/Guardian Name on file:			Client for how long?	
Pets seen there:			Experience with this species? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Veterinarian (It is vital to have the name and number of an emergency veterinary clinic in your area on hand in case an emergency should arise. Most vets will not see their client's emergencies, and must go to a separate Emergency Clinic. We recommend you keep this information on your refrigerator or in/near your phone.):				
Emergency Clinic Name:			Phone:	
Pets seen there:			Experience with this species? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal References (Please include one professional and one non-professional, if possible)				
Name:		Relationship to you:		
Phone:		Best time to contact:		
Name:		Relationship to you:		
Phone:		Best time to contact:		

I filled out this application honestly and to the best of my ability. I understand that an exclusion of information and/or refusal to answer all questions on this application can result in my being denied as a foster. I understand that Survivor Tails Animal Rescue may void and repossess the animal if omissions or falsehoods are discovered after I commence fostering.

Signatures: _____ Date: _____

Printed Names: _____

Thank you for your interest in becoming a Survivor Tails foster and for filling out this application honestly and to the best of your ability. Please allow at least one week for your application to be processed and your personal references to be checked. We will contact you soon to set up your home visit and discuss any questions you may have. Thank you for helping us create more survivor tales.

Best,
Megan & Katie

Foster Contract:

I/We agree to abide by the Survivor Tails Animal Rescue foster program policies. I/We promise to both abide by all animal welfare regulations and provide any animals I/We foster with adequate shelter, food, water, exercise, attention, and love. I/We acknowledge that any foster pet in my/our care may be removed from my/our home whenever deemed appropriate or necessary by the leaders of Survivor Tails Animal Rescue. I/We understand that should I/we want to adopt a Survivor Tails Animal Rescue foster animal, it will be at the sole discretion of the rescue's leadership. I/We recognize that while my/our opinion(s) will be greatly considered when it comes to who may adopt my/our foster pet, the final decision lays with Survivor Tails' leadership. Once my/our foster pet gets adopted, I/we agree to support the adopters through the initial adjustment period, and to answer questions as needed to ensure the smoothest transition possible for the animal.

I/We acknowledge there is no specific promise or guarantee of any rescued pet's health and/or temperament. I/We agree to release and hold harmless Survivor Tails Animal Rescue and any and all of its employees, members, representatives, successors and assigns from any and all liability, claims and demands in equity or law which arise or may hereafter arise from the services I/we provide to Survivor Tails Animal Rescue. I/We understand and acknowledge that this release discharges Survivor Tails Animal Rescue from any liability or claim that I/we may have against Survival Tails Animal Rescue including, but not limited to, bodily injury, personal injury, death, or property damage that may result from the services I/we provide to Survivor Tails Animal Rescue. I/We expressly assume any and all risks associated with fostering a pet for Survivor Tails Animal Rescue.

I/We hereby certify that I/we am/are in good standing with all rescue groups and veterinarians. Additionally, I/we promise to uphold a professional relationship with every contact I/we make through Survivor Tails Animal Rescue and never conduct myself/ourselves in any way that could reflect poorly on Survivor Tails Animal Rescue or any of its volunteers or affiliates. Finally, I/we certify that I/we am/are at least 18 years of age and legal U.S. citizen(s). **If filling out the application electronically, your name below substitutes for a signature. Please include the last four digits of your social security number.**

Applicant's Signature & Last 4 of SSN **Date**

Co-applicant's Signature & Last 4 of SSN **Date**

Survivor Tails Animal Rescue Rep Signature **Approval Date**