## **Pet Foster Care Application**

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the PayasPlace Foster Care Program.

| PERSONAL       | INFORMATION                    | (Please print):                            |                       |                             |                      |                                  |
|----------------|--------------------------------|--|-----------------------|-----------------------------|----------------------|----------------------------------|
| Name:          |                                |  |                       | Age:                        | Date:                |                                  |
| Address:       |                                |  |                       |                             |                      |                                  |
|                |                                |  |                       |                             |                      |                                  |
| Home phor      | ne:                            |  | Work                  | /Cell phone: _              |                      |                                  |
| Email:         |                                |  |                       |                             |                      |                                  |
| How did yo     | ou hear about u                | s?   |                       |                             |                      |                                  |
| How many       |                                | our household?                             |                       | Childre                     | en (under 21):       | Ages:                            |
| 2              | e in the househ                | old have allergie                          | es to dogs? Ye        | s No If yes,                |                      |                                  |
| Do you live    | e in: HOUSE                    | APARTMEN                                   | T CONDO               | DUPLEX                      | MOBILE HO            | ME TOWNHOME                      |
| Do you: (      | OWN RENT                       | LEASE How l                                | long have you b       | een at this add             | ress?                |                                  |
| If rei<br>able | nting, we will con             | e receive positive co                      | d to ask if fostering |                             | ur home is accept    | able. You will not be            |
| Dog/Cat        | Breed                          | Name                                       | Age                   | M/F                         | Altered?             | How long owned?                  |
|                |                                |  |                       |                             |                      |                                  |
|                |                                | +  |                       |                             |                      |                                  |
|                | 2 1 1                          | if you run out of s<br>concerns, please da | ,                     |                             | U                    | me be up to date on<br>rinarian. |
| Who will b     | e the primary c                | aretaker of your                           | foster dog(s)? _      |                             |                      |                                  |
| HPA            | Unfenere:<br>AC foster dogs an | d puppies must be                          | supervised at all     | d Chain I<br>times when out | link Brick<br>doors. |                                  |
| If you don't   | have a fenced                  | in yard, do you a                          | gree to keep you      | ur foster dog o             | n leash at all tir   | nes outside?                     |

|  | -  | escribe you      | ur level of | experience with dogs? check all                               |                                     |  |  |
|--|--|------------------|-------------|---|-------------------------------------|--|--|
| Never had a dog<br>Had one or more as an adult |  |                  | ۲.          | Had childhood pet dog<br>Have experience with powerful breeds |                                     |  |  |
|  | Have experience working with on-going medical problems with a personal dog |                  |             |   |                                     |  |  |
|  |  |                  |             | ig kennel/resort/pet sitting ser                              |                                     |  |  |
|  |  |                  |             | ioral problems with a personal of                             |                                     |  |  |
|  | •  | 0                |             | ary hospital  | 206<br>                             |  |  |
|  |  | l dog train      |             |   |                                     |  |  |
|  |  |                  |             | ce, if yes, please describe:                                  |                                     |  |  |
|  |  |                  |             | dogs medium dogs large  |                                     |  |  |
| What type                                      | es of dog  | are you in       | terested in | n fostering? Check all that apply                             |                                     |  |  |
| Adult de                                       | og   | -                |             | Puppies   |                                     |  |  |
| Mother   | with nurs  | ing puppi        | es          | Unweaned p  | uppies/Bottle babies                |  |  |
| Sick dog/puppy                                 |  |                  |             | Injured dog/  | Injured dog/puppy                   |  |  |
| 0.1  | ppy with<br>'Bully bre   | behaviora<br>eds | l issues    | Long-term h   | ospice care                         |  |  |
| How man  | y hours d  | luring the       | AVERAG      | E day will this dog spend WIT                                 | HOUT a human?                       |  |  |
| Where wi                                       | ll this dog  | be when          | someone i   | s home?   |                                     |  |  |
| Where wi                                       | ll this dog  | , be when        | alone?      | Where will t  | his dog sleep at night?             |  |  |
| What situ                                      | ations do  | you feel         | unprepare   | d for?  |                                     |  |  |
|  | e barking  | -                |             | Destructive chewing   | Not housetrained                    |  |  |
| Digging  | 0  |                  |             | Escaping  | Resource (food/toy) aggression      |  |  |
| Shy, fear                                      | ful, or un   | dersociali       | zed dog     | Not good with children  | Not good with other dogs            |  |  |
| Not good with small animals/cats               |  |                  |             | Scratching/biting   | Administering medications           |  |  |
| Providir                                       | ng on-goir   | ng training      | r<br>2      | Very high activity level                                      | Deaf/Blind dogs                     |  |  |
|  |  |                  |             |   |                                     |  |  |
| Do you ha                                      | · · · · · · ·  |                  |             |   |                                     |  |  |
| Size?  | YES  | NO               | If yes, p   | lease list size preference:                                   |                                     |  |  |
| Breed?   | YES  | NO<br>NO         |             |   |                                     |  |  |
| Age?   | YES  | NO               | If yes, p   | lease list age preference:                                    |                                     |  |  |
| Please tell                                    | us anythi  | ing else yc      | ou would l  | ike us to know to help match ye                               | ou up with the right foster animal: |  |  |
|  |  |                  |             |   |                                     |  |  |
|  |  |                  |             |   |                                     |  |  |
| Chaff NT- 1                                    |  |                  |             |   |                                     |  |  |
| Starr Note                                     | s:   |                  |             |   |                                     |  |  |
|  |  |                  |             |   |                                     |  |  |

## Please read the following carefully:

Paya's Place Pet Foster Service

Paya's Place determines the criteria and decides which animals are eligible for foster care, and appoints foster caregivers from a pre-approved list of trained providers. Paya's Place will require you to fill out a foster application, a Paya's Place Foster Care Agreement, as well as attend a Dog Foster Orientation Class prior to being accepted as a foster parent. Paya's Place foster care volunteers may always refuse any specific request for any reason. Paya's Place staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement is to provide a safe and loving temporary home, for 30-90 days while the pet's owner receives addiction recovery treatment.

You will be expected to keep the animal safe and secure, return it to Paya's Place when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. Paya's Place retains temporary ownership of all animals placed in foster care, and will make all decisions regarding the health & safety of the animals fostered.

Paya's Place cannot accommodate people fulfilling court-ordered community service within the Foster Care Program. Paya's Place does not accept into this program those convicted of violent crimes or crimes involving animal cruelty or neglect. Students seeking credit for school service requirements should speak with the Foster Care Coordinator to discuss the program before proceeding.

Unless otherwise arranged, the foster parent is responsible for providing all food, litter, bedding, and toys for the animal while it is in their care at home. The foster parent is responsible for transporting the animals to and from Paya's Place for veterinary appointments, surgery, behavior evaluations, vaccinations, etc., The foster parent may also be responsible for transporting the animal to and from adoption events, and to off-site training classes, at the Foster Care Coordinator's discretion. Upon return your foster animal to Paya's Place you will be required to fill out a brief questionnaire about your foster animal's behavior and personality.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Paya's Place takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which Paya's Place has asked me to provide care. I acknowledge that Paya's Place is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

| Signature   | Date |  |
|---|------|--|
| Christy Huffman   |      |  |
| Witnessed By  | Date |  |
| <b>Return Application to:</b><br>Paya's Place Foster Dogs |      |  |
|   |      |  |
| Email: christy@payasplace.com                             |      |  |