



Pets Return Home
PO Box 2769
Cottonwood, AZ 86326
(928) 793-2013

www.petsreturnhome.org

FOSTER APPLICATION

foster@petsreturnhome.org

ID: Dog Name: Sex: Altered:
Breed:

Name: Date of Birth:
Physical Address:
City: State: Zip:
Mailing Address:
City: State: Zip:
Previous Address:
City: State: Zip:
Email:
Home Phone: Work Phone: Cell Phone:
Name of Spouse/Significant Other: Phone:
Driver's License #: DL State:
I certify that I am at least 18 years of age: YES NO
Current Occupation:

What is your housing situation? Rent Own Live with parents Other:
House Apartment Mobile Home Condo/Townhome Other:
Do you have permission from your landlord, property owner, HOA and/or other members of the household to foster an animal? Yes No
Name and phone # of landlord or property owner:
May we contact the landlord/property owner? Yes No: Later
Is your back yard fenced? YES NO What is height of fence?
What type of material? Block Wood Chain Link Wrought Iron Other:
Do you have a swimming pool? YES NO Does gate have a lock? YES NO
Do you have a crate? YES NO Do you have an (X-Pen)? YES NO
Do you have a doggy door? YES NO

Why do you want to foster a rescue dog(s)?

Special considerations, request or preferences you have in fostering a rescue dog(s)?

Dog will be kept? Inside Outside
When not home, where will dog be kept?
Where will dog(s) sleep?



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Do you agree to keep current license and I.D. tag(s) on dog at all times? YES NO

Do you agree NEVER TO ALLOW foster dog to ride in the back of an open vehicle un-kenneled? YES NO

Do you agree to obey all leash laws? YES NO

Do you agree NEVER TO TAKE a foster dog to a dog park? YES NO

Do you agree NEVER TO ALLOW strange or unknown animal(s) to meet nose to nose with your foster dog? YES NO

Foster parents receive information on how to introduce animals properly. Proper introduction procedures are required & MUST be followed to insure safety of all animals & humans at all times.

How many adults live in your home?

Number of children in home?

Please list names & ages of adults and children

Who will care for foster dog?

<u>Name</u>	<u>Age</u>

Check each that will care for foster dog

-
-
-
-

Pets you currently own and/or have in your home:

<u>Type: Dog, Cat, Bird, Reptile, Rabbit, etc.</u>	<u>Breed</u>	<u>Gender</u>	<u>Age</u>



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Breed: _____

List two personal references - one reference who is NOT a family member

Reference One Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Reference Two Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Your Veterinarian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Can you provide proof all your pet(s) are current on required vaccinations? YES NO

Can you provide proof that your pet(s) are spayed/neutered, if required? YES NO

I agree that the dog placed in my care is the property of Pets Return Home and will be treated as such. I will be responsible for the dog while in my possession. I agree to do no harm to the dog while in my care and further agree to seek medical attention when appropriate if the dog becomes sick or injured. I agree to contact Pets Return Home immediately if the dog requires medical care/attention or if I am unsure. Additionally, I agree to give any and all medications to the dog while in my care as necessary and required if the dog is being treated under veterinary instruction. I attest that all answers above are true to the best of my knowledge. If any of the information given above is found to be falsified I understand that my foster application will be denied and that I can be removed as a foster at any time either before or after I begin fostering to Pets Return Home for any reason. I agree to surrender the dog including all property that I may have in my possession belonging to Pets Return Home or a Pets Return Home representative immediately upon request.

Foster _____

Signature _____ Printed Name _____ Date _____

Pets Return Home _____

Signature _____ Printed Name & Title _____ Date _____