



TUFF DAWGS RESCUE INC

FOSTER VOLUNTEER HOME APPLICATION

NAME: _____

STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: _____ CELL: _____

E-MAIL ADDRESS: _____

DO YOU REGULARLY MONITOR THIS EMAIL ADDRESS AND AGREE TO PROVIDE US WITH TIMELY RESPONSES TO OUR EMAILS? You may need to monitor your email's spam folder for emails from our organization.

Yes _____ No _____

IF WE NEED TO FOLLOW-UP WITH YOU ABOUT YOUR APPLICATION, WHAT IS THE PREFERRED METHOD(S) FOR CONTACTING YOU?

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____ E-MAIL _____

OCCUPATION: _____

EMPLOYER'S Name/Address/Phone: _____

ARE YOU 21 YEARS OF AGE OR OLDER? NO _____ YES _____

TYPE OF HOME YOU LIVE IN:

HOUSE _____ CONDO/TOWNHOUSE _____ TRAILER HOME _____ APT. _____

DO YOU HAVE A FENCED YARD: YES _____ NO _____

IF YOU ANSWERED YES LIST TYPE:

WOOD _____ CHAIN LINK _____ OTHER _____ HEIGHT OF FENCE _____

DO YOU RENT OR OWN YOUR HOME: OWN _____ RENT _____

IF YOU RENT OR ARE A ROOMMATE OR CHILD OF THE HOME OWNER, PLEASE PROVIDE THE LANDLORD'S OR OWNER'S NAME AND PHONE NUMBER. You must have approval to have a dog from your landlord, rental agency or home owner. We also need to know if there are any restrictions, such as size or breed of dog, etc. Please provide the below information so that we may contact them.

NAME: _____

PHONE #: _____

PERSONAL REFERENCES: Please provide contact information for 3 personal references (someone that knows you and can provide insight on you character, how you feel about pets, how you treat pets, etc). These references cannot live in your home.

Please contact your references and let them know that someone from our organization will be contacting them and ask them to return our calls if we leave a message.

1st PERSONAL REFERENCE:

NAME: _____

PHONE: _____ E-MAIL: _____

HOW THEY KNOW YOU: _____

2nd PERSONAL REFERENCE:

NAME: _____

PHONE: _____ E-MAIL: _____

HOW THEY KNOW YOU: _____

3rd PERSONAL REFERENCE:

NAME: _____

PHONE: _____ E-MAIL: _____

HOW THEY KNOW YOU: _____

VETERINARIAN REFERENCE: Please provide the contact information for the Vet's clinic that can verify the vaccination/spay/neuter status of current or recent pets.

NAME: _____

PHONE: _____

NUMBER OF PEOPLE LIVING IN HOME: _____

NUMBER OF PEOPLE UNDER 21 YEARS OLD: _____

IF CHILDREN UNDER 21 LIST THEIR AGES: _____

DOES ANYONE LIVING IN THE HOME HAVE ALLERGIES? YES _____ NO _____

IF YES, WHAT ARE THE ALLERGIES AND ARE THEY BEING CONTROLLED AT THIS TIME WITH MEDICATION?

ARE ALL IN HOME IN FAVOR OF FOSTERING A DOG FOR OUR ORGANIZATION? YES _____ NO _____

IF NO LIST THEM AND THEIR REASON: _____

HAVE YOU BEEN A FOSTER HOME FOR ANOTHER RESCUE ORGANIZATION BEFORE:

YES _____ NO _____

If yes please list organization _____

WHY DO YOU WANT TO BE A FOSTER HOME FOR US? _____

IS THERE A PARTICULAR DOG(S) THAT YOU ARE INTERESTED IN FOSTERING? PLEASE LIST THE NAME OF DOG: _____

LIST THE SIZE OR BREED PREFERENCE AND THE QUALITIES IN A DOG THAT WOULD BEST SUIT YOUR HOME: _____

LIST ANY QUALITIES IN A DOG THAT WOULD NOT SUIT YOUR HOME:

DO YOU HAVE PETS LIVING IN YOUR HOME NOW? DOGS _____ CATS _____ OTHER: _____

ARE ALL YOUR PETS CURRENT ON VACCINATIONS? YES _____ NO _____

ARE ALL YOUR DOGS/CATS SPAYED OR NEUTERED? YES _____ NO _____

HAVE YOU EVER GIVEN AWAY, SOLD, ABANDONED, SURRENDERED, OR PUT A PET TO SLEEP? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

WHERE WILL YOUR FOSTER DOG BE WHEN EVERYONE HAS LEFT THE HOUSE? CRATE/KENNEL _____ GARAGE _____

OUTSIDE _____ OTHER _____

HOW MANY HOURS A DAY WILL THE ANIMAL BE LEFT ALONE: _____

WHERE WILL YOUR FOSTER DOG SLEEP? _____

HOW WILL YOUR FOSTER DOG BE EXERCISED AND HOW OFTEN? _____

ARE YOU WILLING TO WORK WITH YOUR FOSTER DOG ON ANY ISSUES IT MAY HAVE: YES _____ NO _____

HOW LONG DO YOU FEEL A NEW PET AND PETS ALREADY LIVING IN THE HOME SHOULD BE GIVEN FOR AN ADJUSTMENT PERIOD? _____

DO YOU ACKNOWLEDGE THERE CAN BE DISAGREEMENTS AND WILL YOU STRIVE TO EASE THE TRANSITION AND PROVIDE CARE AND GUIDANCE AS NEEDED? NOTE: Small disagreements are expected and typical behavior when a new dog is brought into a home where a dog or cat is already living. There can be fear and anxiety and you must be willing to work with your new dog during the transition time (which can be anywhere from days to weeks to months) until the dog is comfortable in your home. At that time you'll be able to see your dog's true personality.

YES _____ NO _____

HOW LONG WILL YOU BE ABLE TO PROVIDE A FOSTER HOME FOR A DOG? (Dogs can find their new homes in as little as few weeks to several months and more. We need foster homes for the long haul and even emergency foster homes for a week or two while we set up transport of a dog to another rescue):

AS LONG AS IT TAKES _____6 MONTHS TO A YEAR_____SEVERAL MONTHS_____EMERGENCY FOSTER ONLY 1 - 2 WEEKS.

I HAVE ANSWERED ALL QUESTIONS AND PROVIDED ALL NEEDED REFERENCES TRUTHFULLY AND HONESTLY TO THE BEST OF MY KNOWLEDGE. I WILL DO MY BEST TO COMPLY WITH TUFF DAWGS RESCUE INC REQUIREMENTS, WHICH INCLUDE PROVIDING A LOVING AND SAFE ENVIRONMENT FOR MY FOSTER DOG.

YES_____ NO_____

SIGNATURE:_____ DATE_____

SIGNATURE OF TUFF DAWGS RESCUE INC DIRECTOR:_____

TUFF DAWGS RESCUE INC DIRECTOR

CYNTHIA GIBSON:

(219) 501-0053

SPECIAL NOTICE:

YOU ARE NOT AN EMPLOYEE, STAFF MEMBER, BOARD MEMBER, OFFICER OR REPRESENTATIVE OF THIS ORGANIZATION – TUFF DAWGS RESCUE INC. YOU ARE A VOLUNTER FOSTER.

TUFF DAWGS RESCUE INC:

1. Only the designated Senior TUFF DAWGS RESCUE INC members shall approve and place rescued animals into foster homes. Your Foster Home contact must be notified as soon as possible of any changes in the status of either the animal in your care or the foster home environment you have indicated above.
2. All animals placed in foster care will be examined by an approved Veterinarian, and will have been given/will be given all necessary immunizations, and either already or will be scheduled to be spayed or neutered.
3. All basic medical and general expenses will be covered by TUFF DAWGS RESCUE INC if foster home is unable to pay them. We appreciate any willingness to donate basics. An approved TUFF DAWGS RESCUE INC representative must approve any unusual expenses. Basics include: Dog: Collar, tag and leash. Sleeping and travel crates will be provided as deemed necessary by the foster parent and authorized representative of TUFF DAWGS RESCUE INC.
4. The TUFF DAWGS RESCUE INC rescued animal must wear his/hers TUFF DAWGS RESCUE INC **ID Tag at all times** and must be on a leash or in a secure pet carrier when outside of its foster home and yard. During transport, the TUFF DAWGS RESCUE INC rescued animal must ride inside the car.
5. Your Foster Home Contact must be notified immediately if the animal in your care is injured or missing. Any emergency veterinary expenses for your foster dog will be reimbursed by TUFF DAWGS RESCUE INC in the event an approved Veterinarian cannot be reached.
6. Ownership of all rescued animals remains with TUFF DAWGS RESCUE INC until such time as proper adoption is completed. No rescued animal may be adopted, transferred, or relinquished without the approval by the authorized representative of TUFF DAWGS RESCUE INC.
7. Only authorized representatives of TUFF DAWGS RESCUE INC will conduct Interviews, Home Visits.
8. Adoptions will be deemed consummated only after completion of the Adoption Contract, receipt of the agreed upon donation, and final approval by the authorized representative of TUFF DAWGS RESCUE INC.
9. If foster home decides to adopt his/her dog, it is agreed that he/she will pay the full adoption fee charged.

TUFF DAWGS RESCUE INC

Contact: Cynthia Gibson
Telephone Number: (219) 501-0063
Alternate TUFF DAWGS RESCUE INC

RELEASE OF LIABILITY

I/We have read and fully understand that TUFF DAWGS RESCUE INC Foster Home Agreement. ____ (initial)

There have been no other representations or promises other than those included in this Foster Home Agreement. ____ (initial)

I/We understand that all rescue volunteer work done with TUFF DAWGS RESCUE INC is at my/our own risk. ____ (initial)

I/We, _____ have read, understand, and agree to abide by the conditions of the TUFF DAWGS RESCUE INC Foster Home Agreement & Guidelines. I/we understand that all work done with TUFF DAWGS RESCUE INC is at my/our own risk, and hereby release TUFF DAWGS RESCUE INC and its members of any and all public liability, property damages, and medical costs while I/we am/are providing volunteer foster care for TUFF DAWGS RESCUE INC.

I/We, hereby for myself (ourselves), heirs, administrators and assigns, fully, irrevocably and unconditionally release and agree to hold harmless TUFF DAWGS RESCUE INC and its individual members from any and all known or unknown, anticipated or unanticipated, suspected or unsuspected and/or fixed, conditional or contingent, actions, causes of action, charges, suits, debts, demands, claims, contracts, covenants, liens, rights, liabilities, losses, royalties, costs, expenses (including, without limitation, attorneys' fees) or damages, including but not limited to any medical costs, damages to property, persons or other pets, of every kind, nature and description, at law or in equity, in connection with or arising from while I am caring for the agreed rescue companion animal.

Foster Home Signature(s)

Date

Tuff Dawgs Rescue Representative

Date