

COMPANION ANIMAL FOSTER TO ADOPT APPLICATION

Date: _____

APPLYING FOR

Name of Animal: _____

Species: _____

Description: _____

Age: _____

Special Needs: _____

APPLICANT'S INFORMATION

Full Name: _____

Address: _____

City: _____

State and Zip Code: _____

Phone Number: _____

Email Address: _____

Age: _____

Place of Employment: _____

Address of Place of Employment: _____

Phone Number Place of Employment: _____

How Long in Present Job: _____

Phone Number Place of Employment: _____

Supervisor's Name and Extension: _____

Spouse/Roommate Name: _____

Place of Employment: _____

Phone Number Place of Employment: _____

How Long in Present Job: _____

Supervisor's Name and Extension: _____

HOUSEHOLD INFORMATION

Where Do You Live? _____

House

Condo/Apt.

Mobile Home

Student Housing

Military Housing

Neighborhood : Urban / Suburban / Rural

How long at your present address? _____

Do You Own Your Own Home? _____

(If yes, please provide proof of ownership.)

Do you rent? _____

If yes, landlord's Name _____

Landlord's Phone Number: _____

Are you planning to move within the next year? _____

If yes, what are your plans for your companion animal when you move? _____

If you decide to move in the future, what will you do with your companion animal? _____

What provisions have you made for your companion animal in the event of your illness or death?

How many adults in your home? _____

Are there children in your home? _____

If yes, how many and what are their ages? _____

Are all members of your household aware of your plans to adopt an animal? _____

Are any members of your household allergic to animals? _____

Where will animal be during the day hours while at work? _____

Where will your companion animal sleep? _____

How many hours will your companion animal be alone? _____

Who will be responsible for the animal? _____

Does anyone in your household smoke? _____

If yes, where? _____

Do you have any health conditions which could restrict your ability to care for an animal? _____

If yes, please describe: _____

VACATION

How often do you go on vacation? _____

Who will care for your companion animal when you go on vacation? _____

OTHER ANIMALS

Do you have cats? _____

If yes, how many? _____

Do the cats live strictly indoors? _____

Are the cats declawed? _____

Do you have dogs? _____

If yes, how many? _____

Do dogs live indoors? _____

Other animals? _____

If yes:

How many? _____

Describe living conditions of other animals: _____

Are all animals in your household spayed/neutered? _____

Where will pet be contained? _____

During the day? _____

At night? _____

Name of Veterinarian: _____

Address: _____

Phone Number: _____

If no companion animals at this time, have you had any in the past 8 years? _____

If yes, what happened to them? _____

REFERENCES: Please list people other than family who you have known for at least 5 years.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

QUESTIONS: (Use back of application to answer)

Why do you want to adopt an animal? _____

What type of personality are you looking for? _____

(If applicable) Have you ever had a special needs animal before? _____

If yes, describe: _____

If necessary, how will you discipline the animal? _____

What kind of dog training do you use? _____

We agree to enter the Reunion Rescue/Animals First foster to adopt program. During the foster to adopt program, we will spay/neuter the pet should the animal be unaltered. We agree to complete basic obedience classes. We agree to try the raw diet and treat homeopathically. Should any medical issues arise, we will notify Reunion Rescue/Animals First Rescue before taking the animal to any clinic or hospital.

While in our care, the dog will be supervised at all times and crated while not supervised. We will always leash the pet when in public. We will never leave the dog unattended in the backyard or any common area.

We realize we are entering a foster to adopt program and will maintain updates with Reunion Rescue/Animals First Rescue regarding our foster dog's progress. We agree to all requirements stipulated in this application and will be available for periodic check-ins during the foster period.

I hereby certify that all information supplied by me on this application is true.

Signature: _____

Date: _____