



# FOSTER APPLICATION

 602-491-7358

## **INSTRUCTIONS:**

1. Fill in all fields, red fields are required fields - by pressing the TAB key, your cursor automatically goes to the next field.
2. Add electronic signature in the requested field.
3. Optional - use the button **PRINT** to print a copy for yourself
4. Use the button to **SAVE FORM TO DESKTOP**
5. Open your email application and start a new email message
6. Attach the SAVED FORM to the email
7. Address the email to "regaldanerescue@gmail.com"
8. Fill in the Subject line: FOSTER APPLICATION and your name
9. Send the email.

**Full Name \***

**What date are you available to start?**

Month Day Year

**Email Address \***

**Address \***

Address

City

State

Zip

**Home Phone**

**Cell Phone \***

**How did you hear about us?**

Internet

Event/Booth

Facebook

Friend

**Do you have an application pending or fostered with another rescue or shelter? \***

Yes

No

**If yes, which rescue/shelter?**

**Why do you want to foster? \***

## **REFERENCES**

**Reference #1:**

*(No family members as references)*

**Name \***

**Phone Number \***

**Relationship \***

**How long have you known this person? \***

**Best time to contact**

Days

Evenings

**Reference #2:**

*(No family members as references)*

**Name \***

**Phone Number \***

**Relationship \***

**How long have you known this person? \***

**Best time to contact**

Days

Evenings

**FAMILY**

**Names and ages of all ADULTS in the household \***

**Do you have CHILDREN living in the household? \***

Yes

No

**If yes, list the names, ages and gender**

**Do you have CHILDREN come over to visit the household? \***

Yes

No

**If yes, list the names, ages and gender**

## EXPERIENCE

**Have you attended any animal training classes?**

Yes

No

**Are you willing to attend a training class?**

Yes

No

**Are you willing to work with a dog with behavioral issues\*? \***

Yes

No

*\*(Examples of behavioral issues could be: housebreaking, separation anxiety, fear issues). In most of these situations, we have trainers that assist the foster in how to work with the dogs.*

**Are you willing to foster a dog with special needs? \***

Yes

No

**Are you willing to foster a senior Great Dane? \***

Yes

No

**What is your knowledge level of Great Danes? \***

1 (Low)

2

3

4

5 (High)

## PETS

**Do you have other pets? \***

Yes

No

**Are your pets current on vaccinations?**

Yes

No

**Pet #1:**

**Name**

**Length of ownership?**

**Breed?**

**Age?**

**Gender?**

Male

Female

**What species is your pet?**

Dog

Cat

**Spayed/Neutered?**

Yes

No

**Pet #2:**

**Name**

**Length of ownership?**

**Age?**

**Breed?**

**Gender?**

Male

Female

**What species is your pet?**

Dog

Cat

**Spayed/Neutered?**

Yes

No

**List any additional pets, length of ownership, age, breed, gender, spayed/neuter status, species:**

**Reasons for not spaying/neutering your pet:**

## ENVIRONMENT

**What type of residence? \***

- Single Family
- Condo/Townhouse
- Apartment
- Mobile Home

**Do you have more than one story or stairs in your home? \***

- Yes
- No

**How many years at primary address? \***

**Do you...? \***

- Rent
- Own

**Do you have an HOA? \***

- Yes
- No

**If yes, do they allow Great Danes?**

- Yes
- No

**HOA Contact Name**

**Phone Number**

**If renting, does the landlord allow pets?**

- Yes
- No

*If your lease agreement allows pets, please provide us with the lease agreement.*

**Landlord/Rental Agent's name**

**Phone Number**

*\*\*Please contact your landlord/rental agent to let them know we will be contacting them.\*\**

**Do you have a pool? \***

Yes

No

**Is the pool fenced in?**

Yes

No

**Do you have a fenced yard? \***

Yes

No

**Fence Height**

**Fence Type**

**Will the dog have access to the yard while you are away? \***

Yes

No

**Will someone be home during the day? \***

Yes

No

**Where will the dog stay when no one is home? \***

**How many hours a day will the dog be left alone? \***

**Where will the dog be kept most of the time? \***

**When are you available for a home check? \***

**List common health problems associated with the Great Dane breed:**

**Can you afford a dog? \***

Yes

No



## **VETERINARIAN INFORMATION**

*\*\*Please contact your veterinarian or clinic to let them know we will be contacting them.\*\**

**Vet/Clinic Name**

**Phone Number**

## **LIABILITY RELEASE AND WAIVER**

PLEASE NOTE: Your application cannot be processed without acceptance of this waiver.

I/we have voluntarily contacted Regal Dane Rescue and have expressed an interest in fostering a dog in the care and custody of Regal Dane Rescue. In consideration of Regal Dane Rescue's agreement to allow me to view and/or interact with such dogs, I hereby, for myself, my heirs and my personal representatives, represent and warrant as follows:

1. I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of Regal Dane Rescue voluntarily. I knowingly assume all risks that exposure to dogs may pose, including but not limited to, serious bodily injury and/or death.
2. I hereby waive, release, discharge, hold harmless, and promise to indemnify and not to bring suit Regal Dane Rescue, its directors, officers, volunteers, staff, and all other agents, and attorneys for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my exposure to such dogs.

### **REQUIRED FIELD \***

I accept this waiver and release Regal Dane Rescue from all liability.

## **MEDICAL RELEASE**

By submitting this form, I hereby authorize the Doctor of Veterinary Medicine, named above, to disclose and/or release to Regal Dane Rescue, its agents, successors or assigns, either verbally or in writing, complete information concerning his or her medical findings, treatments and records about any animals for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine.

*(\*\*\*Please contact your vet to let them know we will be calling. They may require your permission before speaking with us.\*\*\*)*

### **REQUIRED FIELD \***

I certify that the above information is true and correct.

**Full Name**

**Todays Date \***

**Electronic Signature**

Month Day Year