

**FOSTER Coordinator:**

Serena Saunders

4905 South Quintero Circle

Aurora , CO 80015

Phone: 303-857-6789

Email: serena@pawsitive-recovery.com

Website: Pawsitive-recovery.com

FOSTER PET PROGRAM APPLICATION

Welcome to PAWsitive Recovery! We are excited that you are interested in fostering with us and helping people and their animals along the road to recovery. Let's get started!

FOSTER REQUIREMENTS: REVIEW PRIOR TO APPLYING

- We require an application, references, a home visit, as well as a foster contract.
- All of your current pets must be spayed or neutered, unless it is a service dog, show animal or if your animal has a medical condition which would not allow it to be sterilized (you'll need a letter from your vet).
- If you rent, we'll need confirmation from your landlord stating you're allowed to foster the animal(s). Their contact information needs to be on the letter. We expect that you will pay your pet deposit and pet rent if applicable.
- If you own your home, we may verify this with the county. If your name is not on the county's records as the owner, we will need a letter from the property owner stating you're allowed to keep the animal(s) in the home.
- When we schedule a home inspection with you, we expect you to be ready to foster the animal(s). We expect that the entire family has agreed to foster and is ready to bring the animals(s) into the family.
- You must be within reasonable distance to the Denver area.
- The applicant must be over the age of age of eighteen.
- We may ask to see your driver's license at the time of the home visit. We expect the address on your license to match the address where we're doing the home visit. If it's different, we'll need to see utility bills or other such documentation proving you live at the address where the home visit is done.
- Pawsitive Recovery does not reimburse for any cost or expense that you have incurred for the animal(s), but will pay its approved veterinarians directly for necessary foster care and will provide food, medication and other supplies from its donated stock.
- You will keep foster dog(s) on a leash or inside a fence any time it is outdoors.
- You will provide proper introduction to other animals in the household or animals met outside the household.
- If the foster arrangement is not working out, you will contact PAWsitive Recovery to return the animal and you will not take it anywhere else.
- You agree that while actively fostering for PAWsitive Recovery you will not foster another animal from another rescue in the same foster home.
- If you rent, it is your responsibility to verify any size or breed restrictions with your landlord and to notify PAWsitive Recovery of such.

- You are responsible for verifying city, county or state laws regarding the keeping of cats and dogs, including the legal number of cats/dogs allowed, licensing requirements and whether certain breeds of dog are banned or restricted in your community and to notify PAWsitive Recovery of these requirements or restrictions.
- We reserve the right to deny any foster application without providing a reason.

Name: _____

Zip Code: _____ Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Have you ever applied to foster with PAWsitive Recovery? Yes No

Where did you hear about us? _____

Are you in long term recovery? _____

Are you willing to let us do a home check prior to accepting you as a Foster?* Yes No

Do you have previous fostering experience? Yes No

If yes, when and with what group? _____

Do you currently have other pets in your home?* Yes No If

yes, list the type, breed and age of each pet:

	Type	Breed	Age
1			
2			
3			

**Regardless of any local ordinances regarding the number of allowable pets, the Department of Agriculture will allow no more than eight dogs or cats to be housed in any foster home at any time. A female dog with puppies under 8 weeks of age or a queen with kittens under 8 weeks of age will be considered one adult. This limitation of eight cats or dogs includes the Foster's owned pets as well as foster pets.*

Are your pets spayed or neutered? Yes No

Are your pets current on their vaccinations? Yes No

Do any of your current pets have any behavioral issues? Yes No

If yes, please explain:

Do any of your current pets have any illnesses? Yes No

If yes, please explain:

If you do not have any current pets in your home, have you had pets in the past? Yes No

If yes, please explain why they are no longer in your home

Are there children living in your home? Yes No

Does any member of your household have an allergy to dogs/cats? Yes No

If yes, to which species and how are allergies managed? _____

Do you Own ___ Rent ___ House ___ Apartment ___

**If renting, it is your responsibility to verify authorization and breed/size restrictions with your landlord prior to fostering our rescue pets. In addition, the Department of Agriculture requires fosters to state they understand and agree to adhere to all relevant zoning and animal control codes and ordinances, whether local, county or state, so it is your responsibility to verify the same prior to becoming a foster.*

Describe the activities participated in by those in your household and describe which activities the dog will participate in with you (e.g. lifestyle, hobbies, sports, traveling)

How often are you away from home overnight? What arrangements will you make to take care of your foster pet when you will be away?

If the fostering a dog, and the dog will be let outside:

Do you have a completely fenced yard? Yes No

What kind of fence? _____

Height of the fence: _____

Is there any wildlife in your area that could pose a risk to a pet outside? Yes No If yes, please explain:

Do you have a dog/cat door leading outside? Yes No

If yes, is there a way to shut the door to keep pets from going inside/outside? Yes No

Where will the pet be kept during the day? _____

For how long? _____

Where will the animal sleep? _____

Will the pet spend any time in the garage? Yes

No If yes, please explain:

Do you have or can you provide your own kennel? Yes No

How long will the foster pet(s) be left alone? _____

Where will you keep the foster pet(s) when you are not home? _____

What type of exercise will you provide for the foster
pet(s)?__

Are you willing to administer medication if needed and keep a record*? Yes No

**The Department of Agriculture requires treatment records be kept on all pet animals that receive any medications or immunizations used in the treatment of prevention of illness, or the treatment of injury, while in the care of a foster. These records must include the identification of the pet receiving medical treatment, signs of illness, reason for treatment, or veterinary diagnosis, the name of the medication or immunization used, the amount of medication used and the time and date on which the medication or immunization was administered.*

Are you able to accommodate animals with special nutritional needs? Yes No

If medical attention is necessary, are you willing to transport the foster pet for veterinarian visits?
Yes No

Are you willing to only use veterinarians approved by PAWsitive Recovery? Yes No

Who is your veterinarian? _____

City/state _____

Do you give us permission to speak to your veterinarian about this application?

Yes No

Do you work with other animal professionals? (Trainer, pet-sitter, behaviorist) Yes No

Do you give us permission to speak to these professionals about this application? Yes No

If no, please explain:

Professional #1:

Name: _____

Occupation _____ City/state

Phone _____

Professional #2:

Name: _____

Occupation _____

City/state _____

Phone _____

Please provide two personal references:

Name _____ Email _____
Address _____
City _____ State _____ Zip _____
Home Phone () Cell Phone () Work Phone ()-

Name _____ Email _____
Address _____
City _____ State _____ Zip _____
Home Phone () Cell Phone () Work Phone ()

Special Concerns: _____

Do you think we should know anything else about you or the home you can provide for a foster pet?

I affirm that the information provided is true and accurate to the best of my knowledge and belief.

I understand that any misrepresentation may be grounds for terminating me from the foster program if this application is accepted and any animal fostered pursuant to this application must be immediately returned to the PAWsitive Recovery. I understand that my application may be denied for any reason or no reason.

I understand that all foster pets are owned by PAWsitive Recovery and in no way will I have any legal entitlement to any foster pet.

If completing this agreement online, I understand that by typing my name below, my typed name will serve as my electronic signature:

Foster: (print name)

(sign): _____ Date: _____

Home check completed, Foster Application approved, Foster Agreement signed:

PAWsitive Recovery: (print name)

(sign): _____ Date: _____



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Foster Agreement

PAWsitve Recovery, LLC. (hereinafter referred to as "PAWsitve Recovery") first and foremost concern is for each and every animal's wellbeing. We must insure every animal's individual needs are met and will take action at our discretion to ensure its foster home meets his/her needs. We understand that every animal is different and so are their individual needs. We need your help in communicating any behavioral problems, changes or concerns etc.

The parties agree that the foster shall abide by the following terms and conditions (PLEASE INITIAL

EACH PARAGRAPH OR IF COMPLETING ONLINE CHECK EACH BOX):

28. _____I agree Pet will be transported inside a carrier/crate and will not be allowed loose in a vehicle. Pet will not be transported in the back of an open truck.

30. _____ I agree Pet will not be crated for more than 3-4 hours at a time, except while sleeping overnight, if needed. Crating will not be used as punishment for Pet. The crate must be large enough for Pet to stand up, turn around and lay comfortably on his/her side.

33. If Pet requires behavioral training, Foster will accommodate PAWSitive Recovery in scheduling and coordinating training sessions.

39. _____I agree that PAWsitive Recovery shall not be responsible for any bodily injuries or property damage and/or damage to other animals caused by Pet or by the actions of Foster. I hereby specifically assumes sole responsibility for, and agrees to indemnify and hold PAWsitive Recovery harmless from any and all loss and expenses (including legal fees) by reason of liability imposed by law upon the PAWsitive Recovery or any of its officers, directors, members, employees, representatives, agents, or assigns because of bodily injuries or death to any person or persons including Foster or those in Foster's household, or any damage to property and/or animals arising out of or in consequence of the placement of Pet howsoever such injuries, death or damage to property and/or animals may be caused, whether or not the same may have been caused, or may be alleged to have been accused, by negligence of the aforementioned parties or any of their directors, members, employees, representatives, agents, or assigns or any other person.

If completing this agreement online, I understand that by typing my name below, I am entering into a binding contract and that my typed name will serve as my electronic signature:

Foster: (print name)
(sign):

Date:

PAWsitive Recovery Representative: (print name)
(sign):

Date:



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FOSTER HOME INSPECTION FORM

Date of Inspection: _____

Name of Foster: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Number and species of pet animals that permanently reside in home:

____ canine ____ feline

House and Yard

Type of residence:

Rent or own:

If renting, name of landlord:

Phone number: _____

Type of heating and cooling:

Overall cleanliness of home: _____

Condition of yard: _____

Type and height of fence: _____ Is the fence sturdy and secure: _____

Is the yard adequate size for dogs: _____

If no yard or inadequate size, does the foster family agree to walk the dog daily: Yes No

Family and Pets

Are all family members in agreement to foster: Yes No

Children residing in home? Yes No

Is there adequate supervision of children around pets: Yes No

Are the pets in the home good with other pets: Yes No

Are the resident pets spayed/neutered and current on their vaccinations (Cats: Rabies, distemper combo, Dogs:

Rabies, Dhpp and Bordatella): Yes No Do the pets in the home have any health conditions: Yes No

Do the pets appear clean and well taken care of: Yes No

Condition of food and water bowls: _____

General Comments: _____

Inspection Completed By (print name)

(sign): _____

Foster (print name)

(sign): _____

