

TTL FOSTER APPLICATION

Applicant Name: _____

E-mail: _____

Address: _____

Is your home: Condo/Apt___ Townhome___ House___ Mobile Home___ Farm___

Do you rent or own?_____ If rent, Landlords name/number:_____

Pet Policy:_____

How long have you lived at this address:_____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Preferred phone number for calls: _____

Have you ever owned dogs before? ___ yes ___ no

Are there children in your home?___ How many? ___ Ages _____

How many adults? _____

Do you currently own dogs? _____ How many?_____ What sex and ages?_____

What breeds? _____

Are your dogs spayed or neutered? ___ yes ___ no

Are your dogs up to date on ALL vaccinations, including kennel cough?_____

What other types of animals do you currently own? _____

What vet do you use?_____

Why do you want to foster?_____

Dog Experience

The following questions help us assess your experience with dogs so that we can place an appropriate foster dog in your home. You do not need experience in all of these areas to be approved as a foster home.

Have you had experience: crate training a dog? _____ obedience training a dog? _____
whelping a litter? _____ Bottle feeding?_____modifying behavior problems? _____ doing pet
therapy?_____ training a dog for livestock work? _____ Checking for illness:_____

Please list any other experiences that you feel will be beneficial while fostering our dogs._____

Have you ever fostered or currently fostering for another animal organization?_____

If so, which one(s)?_____

Foster Preferences:

Indicate the animals you are willing to foster. Please check all that apply.

Puppies: ___ Pregnant dog: ___ Adult Dog: ___ (M/F) Nursing Dog: ___

Kittens: ___ Pregnant Cat: ___ Nursing Cat: ___ Adult Cats: ___ (M/F)

AGREEMENT

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I agree to the following conditions: (Please initial each)

_____ I certify that my own pets are currently licensed and up to date on their vaccinations, including rabies.

_____ I agree to keep the foster animal indoors unless accompanied outside by myself.

_____ If fostering puppies under 12 weeks, I agree to keep the puppy/puppies separated from my own animals and not to be taken out of my home to any public facility/park.

_____ Should the foster animal become ill while in my care, I agree to contact the foster coordinator immediately. If I take the foster to a vet without the foster coordinator's consent, I will take full financial responsibility. I further agree that I will not give the foster any unapproved medication or treat the foster for any medical condition without first notifying the foster coordinator.

_____ I fully understand that the foster animal is the property of TTL and that any decision will be followed by me, regarding the return and/or disposition of the foster animal.

_____ I agree to return the foster animal(s) as instructed. I agree to make an appointment on said date.

_____ I agree to take the foster(s) to any vet appointment made by TTL and pick up in a timely manner.

_____ I certify that I have never been convicted of animal abuse, neglect, or cruelty

_____ I agree to a home visit prior to fostering and/or during the foster(s) stay to check on the condition of the foster animal(s) by the foster coordinator. The foster coordinator agrees to make an appointment before any visit.

_____ I understand that TTL is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.

_____ I agree that if the foster animal(s) should become missing, I will notify the foster coordinator immediately.

_____ I agree that I will not have the foster animal(s) groomed without authorization from foster coordinator and if authorized cost will be at my own expense.

AGREEMENT CONT.

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_____ If at any time while fostering I leave for vacation or go out of time for a extended period, I will notify the foster coordinator and the foster animal(s) are not to be taken with me. I agree to make care arrangements with the foster coordinator. If I decide to have the animal boarded, it will be at my own expense.

_____ **I understand and acknowledge that I do not have the right or authority to keep or place foster animals in other homes or with other individuals.**

_____ I agree to provide foster animal(s) with good loving care, including, but not limited to food, water, shelter and medication when required.

I understand and agree that I am volunteering my time and services to be A Time To Live volunteer at no cost to TTL and I will not be compensated for either my time or services by TTL. I also understand that I may be removed from this position at any time by the Board of Directors in their sole discretion for any reason or no reason. All of the above information I have given is true and complete. I understand that it is my decision whether or not to foster any particular animal. I will not hold TTL responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any animal I may decide to foster or volunteer my time to help.

Signature of applicant: _____ **Date:** _____

Applicant's printed name: _____

Foster Coordinator's Signature: _____