

**P.O. Box 433 Knightsen, CA. 94548**

**Phone: 925-344-9959**

**Email:** **Rhodiesrescue@gmail.com**

**Foster Home Application**

|  |
| --- |
| Name of Foster: Click or tap here to enter text. |
| Home Address: Click or tap here to enter text. |
| Mailing Address (if different from above): Click or tap here to enter text. |
| Email address: Click or tap here to enter text. |
| Home Phone: Enter Number | Work: Enter Number | Cell: Enter Number |
| Occupation: Click or tap here to enter text. | Driver’s License #: Enter Number |

 Are you over 21 years of age? ☐

**Foster Interest: (please check all that apply)**

­­­☐Nursing Mother and pups ☐Pups under 8 weeks with no mother ☐Pups under 1 year

☐Young Adult Dog ☐Dogs over 3 yrs ☐Senior Dog ☐Hospice Dog ☐Sick/injured

☐Small 4-25 lbs ☐Medium Dogs 25-55 lbs ☐Large Dogs 55-90 lbs ☐X-Large Dogs 90 lbs+

Is there any personality/behavior/breed you would not consider fostering? Click or tap here to enter text.

How long are you able to commit to fostering? Click or tap here to enter text.

Why are you interested in fostering? Click or tap here to enter text.

Do all members of your household agree to fostering? Yes/No

Would you consent to a home visit by a Rhodie’s Rep prior to taking a dog into your home? Yes/No

**Foster Experience:**

Have you ever fostered before? Yes/No Are you currently fostering any animals on your own or for any other organization? Yes/No If yes, please indicate which organization: Click or tap here to enter text.

Describe your level of experience with dogs: Click or tap here to enter text.

Do you have experience with a particular breed? Click or tap here to enter text.

Do you have experience with training? Click or tap here to enter text.

Have you ever cared for a dog with an injury, illness or surgery? (Describe) Click or tap here to enter text.

**Rhodie’s Rescue**

**Foster Home Application- continued**

**Tell us about your pets:**

How many companion animals do you currently have? Click or tap here to enter text.

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| --- | --- |
| Dogs Click or tap here to enter text. | Cats Click or tap here to enter text. |

Other (describe) Click or tap here to enter text.

Current Dogs:

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Gender | Breed | Spay/Neutered |
| Enter Age  | Choose an item. | Enter Breed | Yes/No |
| Enter Age | Choose an item. | Enter Breed | Yes/No |
| Enter Age | Choose an item. | Enter Breed | Yes/No |
| Enter Age | Choose an item. | Enter Breed | Yes/No |

Current Cats:

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Gender | Breed | Spay/Neutered |
| Enter Age  | Choose an item. | Enter Breed | Yes/No |
| Enter Age | Choose an item. | Enter Breed | Yes/No |
| Enter Age | Choose an item. | Enter Breed | Yes/No |
| Enter Age | Choose an item. | Enter Breed | Yes/No |

Current Other Animals:

1. Click or tap here to enter text.
2. Click or tap here to enter text.

Are all your pets current on vaccinations? Yes/No

Do they get along with other animals? Yes/No

Do they have any medical or behavioral issues? Yes/No If yes, please explain: Click or tap here to enter text.

What companion animals have you had in the past (those that are no longer with you) and what happened to them? Click or tap here to enter text.

Who is/was your veterinarian? Click or tap here to enter text.

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| --- | --- |
| Clinic or Hospital Name: Click or tap here to enter text. | City: Click or tap here to enter text. |

May we contact him/her for a reference? Yes/No Phone # Click or tap here to enter text.

**ABOUT YOUR HOME:**

How many adults (over 18) live in your home? Enter Number Are there any children under 18? Yes/No

If yes, what are their ages? Click or tap here to enter text.

Are there other family members, friends or other children that visit regularly? Yes/No

If yes, how often and can you explain? Click or tap here to enter text.

**Rhodie’s Rescue**

**Foster Home Application- continued**

Are there any other pets that visit your house regularly? Yes/No If yes, please explain: Click or tap here to enter text.

Does anyone in your home have allergies to pets? Yes/No If yes, who? Click or tap here to enter text.

Is your home: ☐ House ☐ Apartment ☐ Condo ☐ Townhouse ☐ Duplex Studio

Do you: ☐ Own ☐ Rent ☐ Sublet ☐ Belong to HOA How long at this address? Click or tap here to enter text.

If you rent, do you have landlord’s permission to have pets? Yes/No

Can you provide a copy of your rental agreement that states you are allowed pets? Yes/No

Landlord’s Name: Click or tap here to enter text.Phone # Click or tap here to enter text.

Do you have a 6 ft fenced, and secure backyard? Yes/No

Is there shelter from the elements in your backyard? Yes/No Please describe: Click or tap here to enter text.

Where does your front door open to? ☐ Street ☐ Hall/Entryway ☐ Front Yard ☐ Courtyard

How many hours are you away from home on an average day? Click or tap here to enter text.

Can you provide pictures of your front yard, back yard and the areas inside your home where the dog will sleep, eat and be allowed to access? Yes/No

**ABOUT YOUR FOSTER DOG:**

Who will be the primary care giver for your foster dog? Click or tap here to enter text.

Where will your foster dog(s) stay when while you are away from home? Click or tap here to enter text.

Where will your foster dog sleep at night? Click or tap here to enter text.

Where will your foster dog be when you are at home? Click or tap here to enter text.

How will your foster dog get exercise? Click or tap here to enter text.

How will you discipline the dog? Click or tap here to enter text.

Will you obedience train the dog? Click or tap here to enter text.

Are you able to keep your foster dog separate from your own animals? Yes/No

Would you be comfortable giving your foster dog medications? Yes/No

Are you able to transport your foster dog to veterinary appointments? Yes/No

Are you able to bring your foster dog to weekend adoption events at least 3 times/month? Yes/No

Are you willing to show your foster dog during the week by appointment, either in your home or a designated public area to potential adopters? Yes/No What would cause you to want to return your foster dog? Click or tap here to enter text.

**Rhodie’s Rescue**

**Foster Home Application- continued**

Do you have current and active automobile insurance? Yes/No

Auto Insurance Carrier: Click or tap here to enter text.

Do you have current and active Health Insurance? Yes/No

Health Insurance Carrier: Click or tap here to enter text.

Please list the name and phone number of a non-family member who can be used as a reference:

|  |  |
| --- | --- |
| Name: Click or tap here to enter text.  | Phone: Click or tap here to enter text. |
| Relationship: Click or tap here to enter text.  | How long known: Click or tap here to enter text. |

**Rhodie’s Rescue does not operate a shelter and relies solely on the use of foster homes to save the lives of dogs in need. I understand fully my foster dog is temporarily in my care and belongs exclusively to Rhodie’s Rescue. I further understand the purpose of this foster relationship is solely to provide care for my foster dog and any determination made about this dog or this dog’s care must be authorized by a designated Rhodie’s Rescue Representative. I understand any veterinary care must be authorized by a designated Rhodie’s Rescue Representative. I further understand I will be responsible for any expenses incurred unless authorized by a designated Rhodie’s Representative. I will not hold Rhodie’s Rescue responsible for any damages to property, persons or personal pets as a result of this foster dog.**

**☐ Consent to Enter into Electronic Agreement** By checking this box, you hereby consent and agree that your use of a key pad, mouse, or other device to check boxes or type your name within this agreement constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

**Print Name:**Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Signature:**Click or tap here to enter text.

 **OFFICE USE ONLY BELOW THIS LINE**

**Rhodie’s Rep taking application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Approved on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**