



## FOSTER APPLICATION

(Must be accompanied by a Volunteer Application)

### PART A

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary contact #: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ (Y/N)

Home address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name & address)

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### PART B

\* Do you have any pets living in your home? \_\_\_\_yes. \_\_\_\_ No.

If "yes" please explain (# cats? # dogs? Other): \_\_\_\_\_

\_\_\_\_\_.

\* Where will foster dog sleep? \_\_\_\_\_

\_\_\_\_\_.

\* Where will foster dog be kept during the day? \_\_\_\_\_

\_\_\_\_\_.

\* Do you drive or have regular access to a car? \_\_\_\_\_.

\*Are you willing and able to transport a dog if needed?\_\_\_\_\_

PLEASE INITIAL NEXT TO EACH STATEMENT TO ACKNOWLEDGE YOUR WILLINGNESS AND ABILITY TO EXECUTE:

1. I will comply and reinforce specific and specialized training methods (including hand/body signals, words, reinforcements) given to me by Wags 4 Tags.\_\_\_\_\_.

2. I will attend Wags 4 Tags' weekly training classes for as long as prescribed for my foster dog.\_\_\_\_\_.

3. I understand that if I miss a class, I will????????????????????????????

4. I will not go out of town or travel with foster dog without **PRE**-approval from Wags 4 Tags.\_\_\_\_\_.

5. I understand that foster dog may not go un-leashed unless in the house, or in a secure, fenced-in yard. When dog is in public (park, mall/stores, going for a walk, etc.) dog will always be on a leash \_\_\_\_\_.

6. I understand that I may take foster dog with me in a vehicle provided it is not in the back of a truck and it is not allowed to "hang out the window". \_\_\_\_\_.

7. I understand that if in the course of my fostering, dog becomes ill or injured I am to immediately  
a) take dog to local veterinarian and  
b) notify Wags 4 Tags

8. I also understand that I am solely responsible for the safety and wellbeing of foster dog. If due to my negligence dog is "lost", "stolen" or otherwise missing, injured or killed, I will not only be financially responsible for all expenses Wags 4 Tags has incurred (including adoption fees and the vetting process of foster dog) but my eligibility to foster for Wags 4 Tags will be revoked. \_\_\_\_\_.

9. I understand that Wags 4 Tags has the authority to conduct periodic home visits to ensure safety conditions for dogs I foster. \_\_\_\_\_.

10. I understand that dog is the property of Wags 4 Tags and subsequently a disabled Veteran and that I do not have the option of "keeping" the dog. \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if applicant is under 18)

\_\_\_\_\_  
Date