



Pet Foster Application

Angels Among Us Pet Rescue is a 501(c)(3) non-profit organization dedicated to saving dogs and cats from high-kill shelters in north Georgia. For a list of our adoptable pets or to make a donation, please visit our website at <http://angelsrescue.org>

APPLICANTS CONTACT INFORMATION:

NAME:	
ADDRESS:	CITY:
STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:
BEST TIME OF DAY TO REACH YOU:	E-MAIL:

APPLICANTS HOUSEHOLD INFORMATION:

Number of Family in Household:		
Adults:		
Child:	Age:	
Child:	Age:	
Child:	Age:	
Number of Pets in Household:		
Dog or Cat*:	Breed:	Age:
Dog or Cat*:	Breed:	Age:
Dog or Cat*:	Breed:	Age:
Dog or Cat*:	Breed:	Age:
* If Cat, please specify if Declawed or not.		



VETERINARY HISTORY & INFORMATION:

Are your animals treated with a monthly flea preventative?	Yes	No
Have your animals received Bordetella Immunization? (Kennel cough)	Yes	No
Are all dogs on a monthly Heartworm preventative?	Yes	No
Your Vet's Name:		
Vet's Location:		
Vet's Phone Number:		

QUESTIONS OF PREFERENCE:

Preference of Size:		
Small (under 20 Pounds)	Medium (20 – 45 Pounds)	Large (over 45 Pounds)
Preference of Age:		
Puppy (6 to 12 weeks)	Young (4 months to 2 years)	Adult (over 2 years of age)
Preference of Temperament & Personality (please check those that apply):		
Shy	Quiet	Sweet
Playful	Past Abuse	Bouncy
Scared	Likes to Cuddle	Mouthy
Hyper	Sick	Barker
Insecure	Surgery Recovery	Separation Anxiety
Energetic	Likes Exercise	Likes to be Groomed/Brushed

QUESTIONS OF COMPATIBILITY:

Are all members in your family in agreement to become fosters for A.A.U.?	Yes	No
Have you ever fostered with another organization?	Yes	No
If yes, please tell us: Who	When	For How Long?
Have any of your pets displayed aggression towards another animal?	Yes	No
If yes, please explain circumstances: Food, Toys, Affection, etc.		
Do you believe in Crate Training?	Yes	No



If yes, how many hours at a time will the animal be in the crate?		
Do you have a crate for spare use?	Yes	No
Are you able to attend 2 Saturday Adoption Events (minimum) each month?	Yes	No
Are you available for Sunday Adoptions in Cumming, GA?	Yes	No
Are you willing to provide attention?	Yes	No
Are you willing to leash train?	Yes	No
Are you willing to potty train?	Yes	No
How long do you expect a Foster to stay with you?		

REFERENCES (Non-Family Member):

Name:	Relationship:
Email:	Phone Number:
Name:	Relationship:
Email:	Phone Number:

Name (printed) _____

Signature _____ Date _____

NOTES(For Office Use Only)

