



## 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:

<b>Number of Family in Household:</b>		
Adults:		
Child:	Age:	
Child:	Age:	
Child:	Age:	
<b>Number of Pets in Household:</b>		
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:**

<b>Preference of Size:</b>		
Small (under 20 Pounds)	Medium (20 – 45 Pounds)	Large (over 45 Pounds)
<b>Preference of Age:</b>		
Puppy (6 to 12 weeks)	Young (4 months to 2 years)	Adult (over 2 years of age)
<b>Preference of Temperament &amp; Personality</b> (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)





PO Box 821  
Alpharetta, GA 30009  
[www.angesrescue.org](http://www.angesrescue.org)

## Foster Home Agreement

I, the undersigned, being the responsible spokesperson for my household:

1. Agree to "foster" animals until adopted into an acceptable home. Fostering responsibilities include providing fresh water, food, and shelter.
2. Agree that my foster pets will be kept in temperature-controlled environments that will not be less than 50 degrees or greater than 85 degrees.
3. Agree there will be a smoke/fire detector and a fire extinguisher on each level where foster animals are housed.
4. Agree that no one in my household has ever been charged or convicted of any state or local animal cruelty or neglect violations
5. Will provide transportation to and from adoptions and veterinary visits. Should I be unable to provide such transportation, I will notify my AAUPR contact as soon as possible so that alternative arrangements can be made.
6. Agree that no foster dog shall be tied up with rope, chained, put on a run or confined in an inadequate pen facility.
7. Agree that no foster cat shall be allowed outside unless secured in a carrier.
8. Release AAUPR from liability of any kind, except for the pre-authorized veterinary expenditures while fostering animals.
9. Agree that if I decide to adopt the animal I will seek approval by my AAUPR contact and further agree to reimburse the full price of all veterinary treatment or pay the customary adoption fee, whichever is the lower amount.
10. Agree that I will not adopt out any foster pet without an adoption application approved by AAUPR. Agree that I will keep an inventory of all foster pets that enter and exit my household.
11. Agree that all primary enclosures where animals are housed will be kept cleaned and free of feces and other contaminated matter.
12. Agree that both personal and foster animals exhibiting a vicious disposition must be housed individually. Animals suspected of having a communicable or infectious disease must be separated from other animals.
13. Agree that I will report to my AAUPR contact should my foster pet exhibit any aggressive behavior, and especially a dog bite incident.
14. Agree that I will seek veterinary care and/or consult with my AAUPR contact when any animal shows signs of illness.
15. Agree that I will follow the medical protocols provided by AAUPR for cats and dogs, including routine testing, spay/neutering, vaccinations, microchipping and parasite control for all foster animals.
16. Agree that all dogs over the age of 12 weeks will wear collars and identification tags at all times.

- 17. Agree that I am responsible for purchasing food and other basic supplies for my foster animals, except for donated food that may be provided by AARPR.
- 18. Agree that I will support AAUPR’s effort to find suitable homes for my animals, including
  - 1. Transporting my foster dogs to adoption events at least once a month, except for those cases (such as young puppies, dogs with behavioral problems, and ill dogs) that would preclude the dogs from appearing at public events.
  - 2. Transporting my foster cats to an authorized AAUPR adoption center at least once a month, unless behavioral or other issues preclude the cat’s appearance at this center, and making arrangements to show my cats to prospective adopters.
  - 3. Providing photos and descriptions of cats and dogs suitable for internet and other re-homing activities to AAUPR.
- 19. Agree I will not bring stray or abandoned animals into my household without explicit approval from my AAUPR contact.
- 20. Agree that I will keep a copy of this agreement available for inspection by the Department of Agriculture.

Name:

Address:

Address:

Home Phone:  Cell/Other Phone:

Email:

Foster Signature:  Date:

AAUPR Representative Signature:  Date:

**Foster home is approved to foster: \_\_\_ dogs \_\_\_ puppies \_\_\_ cats \_\_\_ kittens**

**Your foster contact is:** \_\_\_\_\_

**Your foster contact’s phone number(s) and email:**  
 \_\_\_\_\_  
 \_\_\_\_\_