

Cherished K-9 All Breed Rescue
Info@CherishedK-9.com
575-496-6085

APPLICATION TO FOSTER

Date of Application: _____ Date Available to Start Fostering: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

Number & age of adults living at residence: _____ Number & age of children at residence: _____

Number and age of other children that visit your home: _____

Are the children used to being around and know how to handle dogs? Yes No

Is there any child in your home or who visits your home who is afraid of dogs? Yes No

Are all members of your household in favor of fostering a dog? Yes No

If no, who is not in favor and why? _____

How long at current address? _____ Own Rent

If renting, do you have your landlord's permission to foster a dog on the premises? Yes No

Please provide contact information for your landlord: _____

Number (& breed) of dogs and other pets currently in your household: _____

If you have dogs, are all spayed or neutered? Yes No

Do your current pets get along with other dogs? Yes No

If your current pets do not get along with the foster dog, do you have a way/place to separate them when you are not home? Yes No

Will foster dog be allowed in the house? Yes No

Where will foster dog be kept when you away from home? _____

Where will foster dog be kept at night? _____

How long will dog be left alone (without humans) each day? _____

How do you plan to exercise your foster dog and how often? _____

Is there an enclosed yard area that dogs will have access to? Yes No

If you have experience in fostering dogs, please describe: _____

If you require any special/preferred criteria for dogs you will foster (sex, age, activity level, etc.) please describe:

Veterinarian's Name: _____ Phone: _____

Address: _____

I acknowledge that the information provided in this application is true and accurate to the best of my knowledge and give Cherished K-9 All Breed Rescue ("Cherished K-9") permission to obtain required information from my Veterinarian(s) and if applicable, from my Landlord.

I understand there is always an adjustment period for any rescued dog I am fostering in my home and am willing to work to make this foster dog a member of my family during his/her stay. I understand that the history of any rescued dog is usually unknown or minimal and that many of these dogs may have behavioral and health issues and am willing to assume the risks implicit in working with dogs who may have been abandoned, neglected, mistreated or are in poor health. I agree to waive all claims and actions against Cherished K-9 volunteers and to indemnify, release and hold harmless Cherished K-9 volunteers from any and all liability and claims of any nature which may result from the actions of my foster dog.

I agree to keep my foster dog on a leash AT ALL TIMES when in an unfenced or unenclosed area since he/she may be an escape artist, especially in a new environment, and also because his/her behavior and reactions to different circumstances and situations is unknown.

I agree to allow periodic visits by Cherished K-9 volunteers to check on the health and welfare any dog(s) I am fostering and further understand that Cherished K-9 reserves the right to reclaim any foster dog without payment of any kind. In the event that I do not comply with the foster guidelines and Cherished K-9 reclaims any foster dog from me, I waive claim to trespasser.

In the event that my foster dog needs medical care, I agree to clear it with Cherished K-9 prior to taking it to the vet. In the event of a medical emergency and I cannot reach anyone at Cherished K-9, I will take the dog directly to Schumacher Veterinary Clinic (701 S. Valley Drive; Las Cruces, NM). In the event that the clinic is closed, they have a veterinarian on call 24 hours/day.

I understand that Cherished K-9 must approve all potential adopters so I will not promise anyone that they can adopt my foster. Instead I will refer interested adopters to Cherished K-9 for consideration.

I will not sell, give away, or euthanize any foster dog without the written consent of Cherished K-9. If at any time, I am unable to continue fostering a dog, for whatever reason, I agree to return the dog to Cherished K-9.

By signing this application I acknowledge that I have read the above and agree to all conditions and statements stated herein. I also agree that all information I have given is true and complete.

Applicant Name (print): _____

Applicant Signature: _____ Date: _____