

P.O. Box 11133 Prescott, AZ 86304 • 928.778.2924 • www.unitedanimalfriends.org

Foster Home Application and Agreement - Dogs

Applicant(s) Information

Please list adults in your household (If more than two adults please use space at bottom):

Adult #1	First Name					
			Last Nam	ne	Date of Birth	
Adult #2	First Name	Middle Name	Last Name	Date of Bi	rth	
				Zip		
Mailing addres	ss (if different)					
Email address	S					
Describe the	activity level of you	ur household 🔲 Qu	uiet □Moderately	Active □Active	□Very Active	
Would you like	e to foster 🔲 D	og 🗆 Puppy 🗆	Mother with a litte	r		
Have you fost	ered before? \Box Y	es □No For whom?			When?	
What animals	at animals? May we contact? Phone					
May we make unscheduled house checks with short notice? $\ \square$ Yes $\ \square$ No						
Are you able to attend adoption events on a weekly basis? Yes No Describe any dogs in your household, including breed, size, age and temperament:						
Describe any	cats in your house	ehold, including age ar	nd temperament:			
Are all dogs and/or cats spayed or neutered and up to date on vaccines? ☐ Yes ☐ No						
Please list any other animals in the household (birds, horses, goats, etc.)						
•		he past?				
Residence In	formation \Box	House □ Condo □	Apartment □Mob	oile □Duplex		
					Phone#	
	Present Address?	-		_		
Are there any	covenants, condi	tions and restrictions (CC&Rs) where you	live? □Yes □I	No	
Do you have a fenced yard? Yes No Height Yard Size (w x I)						
Fencing Mate	rial? Chain link	d □No-Climb □W	ood □Block □	∃Electric □C	ther	
Describe any hazards (hot tub, pool, traffic, etc.) and how the dog will be protected from them:						

Dog care and housing					
Do you have skills to train foster dogs? ☐Yes ☐No Do you have crate training skills? [□Yes □No				
Will the dog be crated? ☐Yes ☐No When crated? For how long?					
Are you able to provide foster dogs with food? Yes No If yes, what brand of food: Where will the dog stay during the day? During the night?					
How many hours will the dog be without human companionship during the day?					
Additional Comments and/or Information					
Foster Agreement					
 I understand that United Animal Friends (UAF) may not know the dog's past back UAF recommends that foster animal(s) be isolated from personal pets and childrer until health and behavior is confirmed (14 days). All current pets in the foster home date on their vaccines. If this recommendation is not implemented, I will not hold U veterinary expenses for my personal animals either during the time I am fostering thereafter. I agree to isolate any animals in my household who exhibit signs of or have been any transmittable disease. I, nor any person or party acquainted with myself, will hold UAF's representatives a responsible for any damages done to my property, any property, or myself whether care or residence, or any damages done to any person or persons or other animal animal(s) I am fostering may come in contact with while I am under contract to fost I understand and agree to the above statements. Signature 	n as a precaution e must be up to IAF liable for any or at any time diagnosed with or affiliates r or not in my s that the				
This section to be completed by UAF representative Condition of property and home					
Temperament and behavior of animals in the household					
Concerns or recommendations					
Type of food					
Access to water and shelter:					
Volunteer's name (please print):	Date				
Volunteer's Signature:					