Road Trip Home Animal Rescue

3238 Cherokee Street
Kennesaw, Ga 30144

Foster Program Application

Name: _____ Home Address: _____

Phone No(s): _____ (H)) _____

_____ (C) Email: _____

_____ (Other) Other Caretakers in the Home: _____

Best Call Time:_____ _____

General Inquiries

1) What type of residence do you currently live in?
[ ] House [ ] Apartment [ ] Condo/Townhome
[ ] Trailer [ ] Other: _____

2) Do you [ ] Rent or [ ] Own?
If you rent does the lease allow pets? [ ] Yes [ ] No
Have you already paid a pet deposit? [ ] Yes [ ] No

3) How long have you lived there? _____

4) How many times have you moved in the past 5 years? _____

5) Do you have a fenced in yard? [ ] Yes [ ] No
If so, what kind of material and how tall? _____
_____

6) How many people currently live in the household? _____

7) Are there any children in the house? [ ] Yes [ ] No
If so, how many and what are their ages?_____
_____

8) Is everyone currently residing in your household aware you have chosen to foster a dog? [ ] Yes [ ] No

9) Are there any pets in the household? [ ] Yes [ ] No
If so what are their species, breeds & ages?

a] Name: _____

Breed: _____
[ ] Cat [ ] Dog [ ] Bird [ ] Other: _____
Age: _____ Sex: _____ [ ] Spay/Neutered

b] Name: _____

Breed: _____
[ ] Cat [ ] Dog [ ] Bird [ ] Other: _____
Age: _____ Sex: _____ [ ] Spay/Neutered

c] Name: _____

Breed: _____
[ ] Cat [ ] Dog [ ] Bird [ ] Other: _____
Age: _____ Sex: _____ [ ] Spay/Neutered

If more continue on space on back of form, thank you

10) Where will the foster animal stay….

a] While you are in the house?
[ ] In crate [ ] Outside in fenced yard while monitored [ ] Single Room
[ ] In xpen [ ] Outside in fenced yard unmonitored [ ] Free Run of Home [ ] Garage [ ] Gated into a specific room (i.e. Kitchen)
[ ] Basement [ ] Other: _____

b] While you are out of the house or at night?
[ ] In crate [ ] Outside in fenced yard while monitored [ ] Single Room
[ ] In xpen [ ] Outside in fenced yard unmonitored [ ] Free Run of Home [ ] Garage [ ] Gated into a specific room (i.e. Kitchen)
[ ] Basement [ ] Other: _____

11) What kind of training/discipline do you use and/or believe in?
[ ] Positive Reinforcement [ ] Spray Bottle [ ] Treats [ ] Crates
[ ] Non Aggressive Verbal [ ] Aggressive Verbal [ ] Swatting
[ ] Choker Collars/Chains [ ] Locking Dog in Room (i.e. garage)
[ ] Other: _____

12) Are you willing and able to complete the following while the animal is in your care take your foster dog to Lake City Animal Hospital in Acworth 2 days prior to the transport date so the veterinarian can complete a Health Certificate? [ ] Yes [ ] No

13) Have you ever fostered an animal before? [ ] Yes [ ] No
If so through what rescue program? _____
_____

14) How did you hear about Road Trip Home Rescue?
[ ] Lake City Animal Hospital Staff [ ] Family / Friend
[ ] Etowah Valley Humane Society Staff [ ] Facebook
[ ] Road Trip Home Website [ ] Twitter
[ ] EVHS or LCAH Website [ ] Ads / Fliers
[ ] By a RTH Volunteer [ ] RTH Forum
[ ] Another Shelter/Rescue: _____
[ ] Other: _____

15) Are you willing to allow a staff member or volunteer of Road Trip Home Rescue to complete an inspection of your home as needed?
[ ] Yes [ ] No

Ownership History

19) Have you ever owned a dog before that is NOT listed on page 1 of this application? [ ] Yes [ ] No

If so please complete the following:

Name: _____

Breed: _____ Age: _____ (current or at passing) Sex:_____

Spayed / Neutered? [ ] Yes [ ] No Is this canine still with you? [ ] Yes [ ] No ***If not please list reason below***

[ ] Belonged to another resident [ ] Aggression Issues [ ] Allergy Issues [ ] Marriage [ ] Birth
[ ] Shelter Turn In [ ] Medical Issues (not able to afford treatment) [ ] Medical Issues (Personal)
[ ] Canine Passed Away
If passed away please state reason:_____

Name: _____

Breed: _____ Age: _____ (current or at passing) Sex:_____

Spayed / Neutered? [ ] Yes [ ] No Is this canine still with you? [ ] Yes [ ] No ***If not please list reason below***

[ ] Belonged to another resident [ ] Aggression Issues [ ] Allergy Issues [ ] Marriage [ ] Birth
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[ ] Shelter Turn In [ ] Medical Issues (not able to afford treatment) [ ] Medical Issues (Personal)
[ ] Canine Passed Away
If passed away please state reason:_____

References

Please list two references (outside of your own home):

1) Name: _____ Relationship: _____
Phone: _____ Best Time to Contact: _____

2) Name: _____ Relationship: _____
Phone: _____ Best Time to Contact: _____

Please list current veterinarian information if applicable:

Name of Clinic: _____
Address: _____ Phone: _____
_____ Fax: _____
Veterinarian's Name: _____ Email: _____

Please list any specific questions and/or concerns about our program:
_____
_____
_____

Final Agreement

By signing below I understand I am stating that all information provided on this form is truthful and accurate to the best of my knowledge.

_____ **I understand that by agreeing to foster an animal through the Road Trip Home Animal Rescue that I am required to follow their standards and policies to the best of my ability while their animal is in my care. I am acknowledging that I have been made aware either verbally or in written format of these general standards and policies at the time of signing.**

_____ **I understand that while a foster animal is in my care that any necessary medical treatment will be handled at the veterinarian of Road Trip Home's choosing.**

_____ **I understand that if by any chance I build a special bond with any animal I am fostering I will still return it to Road Trip Home no later than the date of the assigned transport and understand that Road Trip Home does not allow for local adoptions.**

_____ **I understand that foster animals have unknown backgrounds and unknown health histories. I am taking a foster animal into my house at my own risk. Road Trip Home is not physically or financially responsible for any illness, injury or death inflicted on my personal animals by the foster animal. I will take extreme caution when introducing the foster animals to my personal animals and my children and other family members.**

_____ **I understand fully that any falsification of information provided or major violations of Road Trip Home Animal Rescue's policies and procedures are cause for termination of my role as a foster home. I also understand that any violations of state or federal laws especially in regards to the treatment and/or care of animals will not only terminate my role as a foster home but also be reported to local authorities.**

_____ **I understand that Road Trip Home reserves the right to move an animal to another foster home as we see fit.**

_____ **I understand that I may not directly contact the northern partner shelter. If I am wanting an update on my foster animal, I will go through my Road Trip home representative.**

_____ _____
Foster Volunteer's Signature **Date**