



For the Love of Strays

FOSTER APPLICATION

For the Love of Strays
 P.O. Box 8122
 Corpus Christi, TX 78468
www.fortheloveofstrays.com

Foster's Information

Name:			DOB:	
Street Address:				
City, State, Zip:				
Driver's License:			State:	
E-mail:				
Phone:	(H)	(C)	(W)	
Person to contact in case of emergency				
Name:			Phone:	

Living Arrangements

<input type="checkbox"/> Own Home <input type="checkbox"/> Own Apartment <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other:		
If renting, landlord's name & phone:		
Do you have a fenced in yard: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of fence:		
Are there any slats/openings that could allow a small dog to get in/out: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list all persons living with you: (If none, write n/a)		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Is everyone in your home aware that you have applied to foster? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is everyone agreeable to having a foster at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		

Animal Care

Please list all animals living with you: (If none, write n/a)			
Name:	Age:	Breed:	Date of last vaccination:
Name:	Age:	Breed:	Date of last vaccination:
Name:	Age:	Breed:	Date of last vaccination:
Veterinarian Name and Phone:			
Hours per day that foster(s) will be left alone: During the week: <input type="checkbox"/> less than 4 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> more than 10 hours During the weekend: <input type="checkbox"/> less than 4 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> 8-10 hours <input type="checkbox"/> more than 10 hours While left alone, foster(s) will be: <input type="checkbox"/> individual crate <input type="checkbox"/> shared crate <input type="checkbox"/> in a restricted area of home <input type="checkbox"/> free to roam entire house <input type="checkbox"/> other (please explain): Do you understand that some times a complete history and temperament of a rescue dog may not be known: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I only want to foster a dog with a known history Are you willing to work with us to correct any possible behavior problem: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I only want to foster a dog with no problems Are you able to transport foster dog to vet and adoption events: <input type="checkbox"/> yes <input type="checkbox"/> no Do you have any concerns about fostering? If so, please explain: <p>By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. For the Love of Strays shall be held harmless from and against any and all claims and damages of every kind, for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer under this agreement, including claims and damages arising in whole or part from the negligence of For the Love of Strays. I agree to notify a FTLOS member of any injuries such as illness, escapes, injuries or any concerns pertaining to my foster as soon as possible.</p>			
Signature			Date

This organization provides equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability. Thank you for your interest in volunteering with us.