



Upper Rio Grande Animal Society

Conour Animal Shelter

P.O. Box 369 - 2825 Sherman Avenue

Monte Vista, CO 81144

719-852-3366

www.urgasconouranimalshelter.org

APPLICATION FORM FOR FOSTER CARE

Thank you for your interest in fostering a dog from Upper Rio Grande Animal Society (URGAS). So that we may find the right home for the right dog, we ask that you answer the following questions as completely as possible.

DATE: _____

YOUR INFORMATION

NAME: _____ BIRTHDATE: _____ Driver's License #: _____

Social Security #: _____ Drivers License/State: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

BEST TIME TO REACH YOU: _____

HOUSEHOLD

Please list the names, ages and relation of all adults in the household:

Please list the names, ages and relation of all children in the household:

DWELLING INFORMATION

What type of housing do you live in? (Apt/Condo, Townhouse, Single Family....)

Do you own or rent? _____

How long have you resided at this Address? _____

Do you have a fenced yard? If so, describe briefly:

If not, how will you exercise the dog?

Have you ever owned a dog before? If so, what particular breeds?

What kind of experience have you had/have with dogs? (Dog training, vet tech, groomer, agility, happy pet owner, etc).

Have you ever fostered an animal before? If so, what was your experience?

Do you have any pets at home now? Yes ___ No ___

Your pet(s) information:

Name	Age	Breed	Sex	Up to date Vaccinations	Spay/Neuter

How many hours per day will the foster dog be left alone? _____

Where will the foster dog stay during the day? _____ During the night? _____

Who will be the primary caretaker of the dog? _____

Does anyone in the household have allergies? _____

If there are no children living with you, are there children that visit, for example, grandchildren, children you babysit, etc.? _____

How often do you travel? _____

Are you planning a vacation in the near future? _____

Have you ever crate trained a dog? _____

Are you willing to have someone from URGAS visit your home for a home visit? _____

Are you willing to cover the costs of caring for a foster dog except for medical expenses?

PERSONAL REFERENCE INFORMATION (no Relatives)

Please supply names and telephone numbers for 3 personal references, including your veterinarian.

NAME, SOCIAL SECURITY AND DATE OF BIRTH OF ALL ADULTS IN HOUSEHOLD

ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THE APPLICATION, OR AT ANY OTHER TIME DURING THE FOSTERING PROCESS, DISQUALIFIES ME FROM FOSTERING.

Signature of Applicant: _____ Date: _____

Signature of Shelter Representative: _____ Date: _____

FOSTER CARE AGREEMENT

I understand that a background check on all adult in the foster home will be done, 3 references other than relatives will be checked, multiple unannounced home visits will be done. The first home visit will be done prior to fostering.

I understand and agree to all information provided to me in my application process. If the animal I foster is on medication I will continue the medication as directed. I will not let the animal out loose by itself. If during the time I am fostering the animal, it requires medical attention I will contact the URGAS first unless it is an emergency. I understand the foster animal is the property of the URGAS and will not sell, trade or dispose of the animal. I understand the importance of my own animals being up to date on all standard vaccinations and have provided URGAS with a current shot record for each one.

YES _____ NO _____

I understand that anyone interested in adopting my foster dog, puppies (including myself) must go through the standard adoption process, and approval of candidates and placement of animals is up to URGAS.

YES _____ NO _____

I understand that although URGAS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which URGAS asked me to provide care. I indemnify and hold URGAS free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, my own animals or any third parties by reason of activities arising out of this agreement. I release URGAS from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

Signature of Foster Parent

URGAS Shelter Rep signature

Date

FOR OFFICE USE ONLY

Dog Release number (ARN): _____

Dog Name: _____ Breed: _____ Color: _____

Age: _____ Sex: _____

Special needs? _____