



PO Box 4792
Valley Village
CA, 91617
United States

www.STARTrescue.org

START RESCUE FOSTER APPLICATION FORM

We are 100% run by volunteers and **DO NOT HAVE A SHELTER LOCATION**; our dogs live in foster homes, practicing to be pets, while awaiting their forever homes.

Completed applications can be returned to this email address, and take approximately 24 hours to process.

Please mark your answers clearly by using a bold font. We will not consider applications that are not completed in their entirety.

* * * * *

Name of DOG(s) you would like to be considered for _____

Comments about why you would like to adopt this particular dog: _____

START carefully screens each potential home to find the right FOSTER family for each of our dogs. Each dog has a different personality, traits and needs; our goal is to make sure that the home they go to can meet their needs, will be a good personality match and has a high potential as a permanent home for the dog. Our applications are not considered first come, first served, but the best possible foster home for the dog.

Periodic home check must be agreed to and a legally binding contract will be required to adopt the animal.

Will you allow a START representative to visit your home? Y / N

Name of Applicant(s) _____

Address _____

City _____ **State** _____ **Zip** _____

Email: _____ **preferred phone:** _____

Birthdate _____

Who shares your household (mark all that apply):

Spouse or Life Partner Roommate(s) Live-In Help

Children? Y / N How many? How old?: _____

At what age DO YOU FEEL children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train) _____

Does anyone in your household have an allergy to animals that you are aware of? Y / N

Who is more the "dog person", you or your partner?

Are you aware of the health problems common to this breed of dog? Y / N

Are you aware of the grooming needs of this breed of dog? Y / N

Your Occupation? _____ **Hours spent at work each week?** _____

Employer? _____ **phone** _____

Please provide a personal reference that is not a member of your immediate family:

#1 _____ **phone** _____

#2 _____ **phone** _____

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If your present relationship were to change, understand that YOU, as the applicant, are responsible for the care of the dog. If you are unable to continue fostering the dog, and your current partner would like to transfer ownership a new application must be submitted and approved.

Living Arrangements (circle your answer) Apartment Condo House

Homeowner Rent or Lease, but Landlord approves of pets

Landlord's name _____ phone _____

Is someone home during the day? Y / N How many hours will your dog be left alone each day? _____

Ownership History (mark as many as apply):

I have had dogs all my life

I have worked with animals, know quite a bit about their behaviors and am looking to help a shelter animal get ready for a new life.

I have always loved dogs, but have never owned one

How many dogs have you owned in the last 5 years? _____

What happened to the other dog[s]? _____

Do you have other pets? _____ If so, please complete the following:

Type of animal _____ breed _____ gender _____ age _____

Spayed/Neutered? _____ If no, explain why? _____

How do you feel your current pets will adjust to a new foster dog in the house?

Is your yard completely fenced? Y / N

Fencing type, height (include the lowest height of the fence) _____

Amount of square feet of yard space available for the dog _____

Is your yard shared with other tenants? Y /

Which of the following is used to secure your gate? (Mark all that apply)

Latch _____ Keyed Lock _____ Deadbolt _____ Padlock _____

We do not lock our gate for the following reasons _____

Do you have a gardener, housekeeper or pool cleaner? Y / N If yes, where is the dog kept while they are working?

Do you trust your workers not to let the dog run out? Y / N

Where will the foster dog spend most of the day? (circle all that apply):

indoors

yard with dog house

indoor/outdoor with doggie door

garage

patio

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Where will the foster dog sleep at night? (circle all that apply):

indoors
yard with dog house
indoor/outdoor with doggie door
garage
patio

What method do you use to house train your foster dog if needed ? (circle all that apply):

Rub nose in offending spot
Take out every couple of hours until reliable
Crate training
Consult professional

What form of discipline will you use if the foster dog chews on household items (circle all that apply):

Swat nose
Use a stern voice
Spank firmly
No big deal to me

How will the foster dog get exercise? _____

In which of the following situations would you allow the foster dog off leash? (circle all that apply)

Public park
Hike
Beach
Neighborhood walk
Front yard
Back yard
Dog park

If you go away, who will care for the foster dog? (circle all that apply)

House Sitter
Veterinarian Hospital
Boarding Kennel
Family or Friend's House
Neighbor comes by to feed and water, doesn't stay over

If he foster dog gets out, which of the following would you do? (circle all that apply)

Check local shelters
Put up signs
Ads in local newspapers
Flyers door to door
Wait for dog to return home
Call START Immediately

What is a behavior that would not be acceptable to your family?

Provide Veterinary Reference(s) here: _____

I have a history with (or intend to use): _____ phone _____

Have you applied to foster a dog from another Rescue Group or shelter? Y / N

If so, which one and what happened with your application? _____

I understand and agree that I must return my foster dog to **START** if I am no longer able to foster it. I understand that I may not take to an Animal Shelter, Humane Society or give away on my own unless prearranged through the foster contract by addendum.

Will you return your foster dog to **START if you can no longer foster it?** Y / N

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE THE FOSTER OF A **START DOG. I AGREE THAT ALL OF THE ABOVE INFORMATION IS HONEST AND TRUE BY SIGNING BELOW.**

Applicant Signature _____ **Date of Application** _____

Print Name/Title _____