

DOG FOSTER APPLICATION

Outreach to Pets in Need (OPIN, Inc)

Revised August 28, 2010

A 501(c)(3) not-for-profit, all-volunteer-run corporation

Tel: (203) 249-2170 Fax: (203) 956-6013

OPIN.INC@gmail.com www.OPINpets.org

We reserve the right to approve or deny a foster.

DATE _____

To foster, you must: be at least 21 years old
 have the knowledge and consent of all adults living in your home
 be able & willing to spend the time needed to provide the dog with proper care

Completion of application doesn't guarantee approval. Print legibly and clearly all pages. Thank you!

Name of applicant _____ Birth date _____

Spouse/partner _____

Address _____

City _____ State _____ ZIP _____

Tel #: Home _____ Work _____ Cell _____

E-mail address: _____

Applicant's place of employment _____ Occupation _____

Spouse/partner's place of employment _____ Occupation _____

Hours applicant works per day _____ From _____ Am / Pm To _____ Am / Pm

Hours spouse/partner works per day _____ From _____ Am / Pm To _____ Am / Pm

Have you ever owned a dog? YES _____ NO _____ If yes, do you still have it?

If not, what happened to the dog? _____

Have you ever given a dog to a shelter or to someone else? Yes _____ No _____ If yes, please explain: _____

Have you ever had a pet euthanized? Yes _____ No _____ If yes, please explain: _____

Why do you want to foster a dog/puppy? _____

What would you do if the dog soils your house? _____

Was your last dog obedience-trained? Yes _____ No _____ Doesn't apply _____

Is someone home during the day? Yes _____ No _____ If yes, who?

Where is the foster dog to be kept? Daytime _____ Evening _____

Where will the dog sleep at night? _____

Are there any areas of the house where the dog is not allowed? _____

Do you have a yard? _____ If yes, how large? _____ Is your yard fenced in?

Is the yard fenced in completely? _____ How high is the fence? _____ Is there a gate?

If it is not fenced in, how will the dog be kept on your property?

Do you have a dog door? Yes _____ No _____ If yes, where does it lead to? _____

Will the dog be tied up sometimes? Yes _____ No _____ If yes, when? _____

Will the dog spend any time in the garage? Yes _____ No _____ If yes, please explain:

Will the dog spend any time in the basement/cellar? Yes _____ No _____ If yes, please explain:

Do you have a pool? Yes _____ No _____ If yes, is there a fence around the pool? Yes _____ No _____

Does anyone in the household smoke? Yes _____ No _____

If your foster dog/puppy is not housebroken, what method will you use to train him/her?

If you drive a pickup truck, will the dog ride in the back? Yes _____ No _____ N/A _____

What type of behavioral problems would you consider NOT acceptable? _____

What would you do to correct it? _____

What type of training methods will you use? _____

What do you think of crating? _____

What will you do if the dog ruins something you value? _____

WHO in your household will exercise this dog EVERY DAY? _____

How much exercise will this dog get every day AWAY from your property? (By exercise we mean a person walking/ jogging/ biking/ rollerblading with the dog. Time running around the yard does not count.) Please specify the amount of hours or minutes for each day:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat _____ Sun _____

Where will you exercise the dog?

What type of food will you feed this pet?

Is any household member allergic to animals? _____ If yes, how will you deal with reactions to this pet?

How many adults in your home? _____ How many children? _____ Ages:

How does your spouse/partner feel about fostering this dog?

Will you work out bad habits the dog may have? (barking, chewing, house-soiling, jumping, mouthing, aggressiveness, etc.) Yes ____ No ____

Will your dog go to work with you? No ____ Yes ____ Retired ____ Work from home

How long will the dog be without human companionship?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat _____ Sun _____

Where will the dog be kept when home alone? _____

Describe where and what the dog would be doing on a typical day:

Morning to noon:

Noon to 5pm:

5pm to midnight:

Will you be bringing your dog to obedience classes? Yes _____ No _____

Do you own or rent your home? _____ How long have you lived at your current address?

Do you live in a: House ____ Apartment ____ Condo ____ Townhouse ____ Other ____ (explain)

If you rent, provide name and telephone number of your landlord - (REQUIRED)

Name: _____ Telephone: _____

If you rent, please show us the part of your lease where you are allowed to have pets including any limitation in number, size, weight, breed, if any. *If pets are not mentioned in your lease, we will ask your landlord to sign the "Permission to Have Pets" form at the end of this application and fax it to us.*

If you own, and we advise you that we cannot confirm ownership otherwise, please provide a copy of your Real Estate tax bill, or show us your mortgage prior to paying adoption fees. Owners of condos or townhouses must also provide a copy of the condo association's by-laws indicating pets are allowed, the number allowed and any limitations in size, weight, number, breed, if any.

Please provide references of two people (not in your family) who have known you 5 years or more:

Personal Reference: _____ Phone # _____

Personal Reference: _____ Phone # _____

Present and Former Veterinarians

Name of your PRESENT Veterinarian & Hospital: _____

City and phone number (Present Vet): _____

Name your pet records are under at your present vet (if different than applicant): _____

Name of your FORMER Veterinarian & Hospital: _____

City and phone number (Former Vet): _____

Name your pet records are under at your former vet (if different than applicant): _____

Give us information about all the animals alive and currently living in your household:

Name of Pet	Dog/Cat/Other	Breed	Sex	Spayed / Neutered?	Age	Weight	Vaccinated?	Dog-licensed?

Give us information about the last 3 animals that you no longer have (deceased or otherwise):

Name of Pet	Dog/Cat/Other	Breed	Sex	What happened to pet? If dead, how did it die?	If dead, age at death	Date of death or surrender

Where did you hear about OPIN and the dog/puppy for foster?

Are you familiar with local animal control laws? Yes _____ No _____

Have you fostered before? Yes _____ No _____ If yes, for what organization? _____

Please give us a contact in that organization (name and tel. #): _____

Are you still fostering for them? Yes ____ No ____ If not, why? _____

Additional comments from applicant:

PLEASE READ CAREFULLY BEFORE SIGNING

HOME VISITS: OPIN will perform pre-foster and post-foster home visits.

USE OF DOG: You agree that the dog will be fostered as a house pet and companion and is not to be kept kenneled, chained up, tethered, on a cable run or penned outside, or used as a guard dog or for personal protection.

COPY OF DRIVER'S LICENSE (or other form of official ID) IS REQUIRED

This application is designed to help us determine if the foster is in the dog's best interest, and to assist you in finding a pet compatible with your lifestyle. An unwise foster can result in an unpleasant experience for foster families and may hurt the pet for adoption. We hope you will agree that the pet's welfare must be our foremost concern.

I understand the above questions and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for denial of adoption. By signing this application, I am stating that the above mentioned is true.

Your Signature _____ Date:

—
For OPIN use only:

Final comments:

____ Approved ____ Denied By _____ Date

THE FORM ON THE FOLLOWING PAGE APPLIES ONLY TO APPLICANTS WITH RENTAL AGREEMENTS WITHOUT PET CLAUSES. OPIN will ask your landlord to fill out form and fax back as part of your application. (if your management company has a different Pet form, please let us know, have them sign it and send it to us)

PERMISSION TO HAVE PETS FORM

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LEASE RIDER ANNEX

DATED _____

BY AND BETWEEN _____, AS LANDLORD

AND _____, AS TENANT FOR THE

APARTMENT CONDO HOUSE OTHER_____

LOCATED AT:

_____ City _____ State _____ Zip _____

1. It is agreed between the parties that the tenant will be allowed to harbor (please write the number of pets) _____ dog/s and _____ cat/s in the premises.
2. Tenant shall not permit any disturbing noises by any pet in the premises or in the building (if applies) or permit anything to be done to interfere with the rights, comforts or convenience of the other tenants (if applies).

Name and signature of Landlord (or agent, if applies)

Name and signature of Tenant

Date

Date