



ANIMAL RESCUE FRIENDS SOCIETY of GRANT COUNTY

P.O.BOX 453, EPHRATA, WA 98823
501(c)(3) Non-Profit Organization

Foster Application

Please complete the following as completely as possible. The information you provide will be used for the sole purposes of ensuring your suitability to provide a foster home to a rescued dog(s), and to make sure the dog(s) we ask you to consider fostering will be comfortable with your family, your other pets, and your home. Thank you for your interest in helping dogs in Grant County.

Your Information:

Full Name

Date of Birth

City

Driver's License

Email address

Home Telephone

Email address (2)

Cellular Telephone

Do you: Own / Rent

Work Telephone

Others in your home:

Full Name

Age / Relationship

Full Name

Age / Relationship

Full Name

Age / Relationship

Full Name

Age / Relationship

DOES EVERYONE IN YOUR HOME AGREE TO FOSTERING? YES / NO

Emergency Contact:

Full Name

Telephone Number

Landlord Information if renting:

Full Name

Telephone Number

Animals in your home:

Name

Age

Breed

Last Vaccination
Date

Name

Age

Breed

Last Vaccination
Date

Name

Age

Breed

Last Vaccination
Date

Name

Age

Breed

Last Vaccination
Date

Are all animals in your home up to date on immunizations? Yes / No

If you answered No, please explain:

Are all animals in your home spayed/neutered?

Yes / No

If you answered No, please explain:

Veterinarian Information:

Veterinarian Name

Telephone Number

Veterinarian Business Name

City

Foster Dog:

Do you have any restrictions on the breed, sex, age, or personality of a foster dog?
Yes / No

If you answered yes, please explain:

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

Weekdays? _____ Weekends? _____ If more than 2 hours at one time during any day please explain.

When alone where will the foster dog be located?

Do you understand that foster dogs complete history and temperament may not be known? **Yes / No**

Are you willing to provide foster care for a dog whose complete history and temperament is not known? **Yes / No**

Are you able to transport a foster dog to veterinarian appointments and adoption events?
Yes / No

Do you have any concerns about fostering? If so please explain.

Has a pet in your care contracted the parvovirus? Yes / No / Unknown

If Yes or unknown please explain.

Home Visit:

Please provide one or more days of the week and times of the day when you would be available for an ARFSGC representative to visit your home.

Days and times

By submitting this application I affirm that the facts set forth above are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, I am not the rightful owner of the dog and any medical and/or rehoming decisions will be made by ARFSGC. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate termination of the foster agreement/contract at the sole discretion of ARFSGC. If ARFSGC terminates the agreement/contract I agree to make the foster dog available for immediate pickup by an ARFSGC representative.

I understand and agree that Animal Rescue Friends Society of Grant County Inc., its directors, officers, and volunteers are 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 (foster) under the agreement, including claims and damages arising in whole or in part from the negligence of Animal Friends Society of Grant County Inc.

I agree to notify ARFSGC of any illness, injury, escapes, or concerns of/by a foster animal while in my care.

Applicant:

Printed Name

Date

Signature

ARFS Representative

Printed Name

Date

Signature