

K9 Connection Pet Rehoming and Adoption

Foster Care Application Requirements

Volunteers for this program:

1. Must be at least 18 years old.
2. Must complete our attached application.
3. Must agree to a home visit by our Foster Program Coordinator.
4. Must provide requested medical information for all personal pets that would be in contact with the foster animal(s).
5. Must sign the foster agreement pertaining to the animal(s) you are fostering.
6. Must provide in-home care for K9CPRHAA animals assigned under the foster program and return animals to K9CPRHAA on the date specified in contract.
7. Must keep appropriate weight, medication and/or behavioral records on the foster animal(s) while in your care, Send weekly progress report card to Foster Coordinator via email – iamk9connection@gmail.com or take a picture of the report that is clearly readable and text it to us, also present a profile of the animal to K9 Connection upon return.



This program is an opportunity for you to:

- Help the K9CPRHAA save more animals by providing a temporary home to a dog in need so we can take in more animals from other shelters
- Give love and affection to an animal that is so young that yours will be the first safe human interactions for that animal and will give a lasting foundation for human interaction to that baby.
- Provide a safe environment for frightened or under socialized animals that have not learned humans can be trusted. You can help them learn new behaviors and better ways to interact.

Thank you for your interest! If you would like to receive additional information, please send us an email. Or, you may complete the attached application.

Note: The Foster Program is entirely staffed by volunteers. Services performed by an individual are of a voluntary nature and are without any express or implied promise of salary, compensation, employment, or payment of any kind.

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Foster Care Application

Name: _____ Date: _____
Address: _____ City/Zip: _____
Home Phone: _____ Work or Cell Phone: _____
Email: _____

Housing Status: (please circle) Own Rent Other: _____
Landlord Name: _____
Phone Number: _____

Does your lease allow pets? (please circle) Yes No
Please describe any restrictions on the number or type of animals that you are allowed to house: _____

Name and relationship of other adults in your household: _____
Name and ages of children in your household: _____
Does anyone in your household have allergies to animals? (please circle) Yes No
If yes, please explain: _____

Please provide two personal references. Please do not include household members:
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

(A) Personal Pet Profile:

Please list ALL pets currently a part of your household:

	Name	Dog/ Cat	Breed	Age/Sex	Altered Y or N	Vaccines (Type/Date last given)	Where does pet sleep?
1.							
2.							
3.							
4.							

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5.							
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List history of medical issues of the above pets, by line number: _____

How many hours per day are your pets left unsupervised? _____
How are they contained when left unsupervised? _____
Your veterinarian's name and phone number: _____

(B) Relevant Experience/Information

Please list any/all other foster or rescue groups that you are affiliated with: _____

Does your property have a swimming pool? (please circle) Yes No
Does your property have a fenced in yard? (please circle) Yes No
If yes, what type? (block, wood, chain, concrete, etc.) _____
How high is the fence at its lowest point? _____

Please describe the area where the foster animal(s) will be kept and cared for: _____

How many hours per day will the animal be alone on a regular basis **or** without an adult caregiver? _____

Give a brief description of your experience with very young, ill, injured, and/or under socialized animals: _____

Have you ever raised a puppy? (please circle) Yes No

Sometimes animals become ill while in foster care. If this situation arises, are you willing and able to administer medication? (please circle) Yes No Not sure

Do you have experience administering medication to animals? (please circle) Yes No
If yes, please explain: _____

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(C) Choices/Preferences:

What is the maximum time you are able to foster? _____

How many animals are you willing to foster at a time? _____

We will provide you with a full foster kit including the following items:

- | | | | |
|----------------|-------------|-----------------|--------------|
| -crate | -bedding | -food | -medications |
| -leash | -collar | -harness | -i.d. tag |
| -adoption vest | -food bowls | -training guide | |

How did you hear about our program? _____

Why do you want to be a foster parent? _____

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of K9 Connection Pet Re-Homing and Adoption. I authorize the rescue to conduct an on-site inspection of the premises where the animal(s) will be kept.

Signature: _____ Date: _____

Please email to iamk9connection@gmail.com, Attn: Foster Program.

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FOR OFFICE USE ONLY

Received: _____ Contact Attempt: _____ Contact Made: _____

Home Visit: _____ Approved: _____

Notes: _____
