

Recommended: Yes / No

Approved: Yes / No



Foster Or Adoption Application Form

Please Circle: **Adopt** – **Foster** – **Adopt or Foster**
Animal Name (If Applicable):

ABOUT YOU

Name

Address

Cell Phone

Home Phone

Work Phone

Home Email

Work Email

Best Contact Type

Phone – Text – Email

Best Contact Time

Business Hours – After Hours – Weekends

Occupation

Company

Age Group

Under 21

21-30

31-40

41-50

51-60

61-70

71-80

Over 80

Have you ever fostered or adopted before? Yes – No If yes, provide details

Why would you like to adopt?

Companion – Gift – To Breed – For a Child – Companion for Another Pet – Working Dog
Farm Dog – Guard Dog – Hunting Dog – Service Animal – Other

YOUR NEW ANIMAL

Animal Type

Dog – Cat – Other <Specify>

Breed Preference

Size Preference Toy – Small – Medium – Large – None

Gender Preference

Male – Female – None

Age Preference Pup – Young – Adult – Senior – None – Other

How will your new animal spend it's time when you ARE HOME (Circle all that apply)

Indoors Always – Mostly – Sometimes – Never

With Dog Door to fenced yard – Basement – Screened Porch – Locked In Room – Crated – Garage – Sun Room – Other

Outdoors Always – Mostly – Sometimes – Never

Loose in fenced yard – Outdoor Pen – Open Porch – Chained – Kennel Run – Dog House – Tied Outside – Other

How will your new animal spend it's time when you ARE NOT AT HOME (Circle all that apply)

Indoors Mostly – Always – Sometimes – Never

With Dog Door to fenced yard – Basement – Screened Porch – Locked In Room – Crated- Garage – Sun Room – Other

Outdoors Mostly – Always – Sometimes – Never

Loose in fenced yard – Outdoor Pen – Open Porch – Chained – Kennel Run – Dog House – Tied Outside – Other

How many hours will your pets be left alone each day?

What will happen when you need to travel, or have an emergency away from your home?

Are you able to train animals to improve manners and reduce destructive behavior?

Yes – Some – Not At All

Describe your animal training methods

Under what circumstances might you consider giving up your new pet?

Fostering only – Moving – Baby – Not Getting Along with Other Pets – Behavioral Problems – Children Lost Interest – Time Consuming – Allergies – Separation/Divorce – Medical Problems

ABOUT YOUR HOUSEHOLD

Occupants

Name	Age	Sex	Phone (Adults)	Agrees with Application	Afraid of Animals	Allergic
Me:				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No
				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No
				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No
				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No
				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No
				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No
				Yes - No - Child	Dogs - Cats - No	Dogs - Cats - No

Your House

I live in a:	House – Townhouse – Apartment – Duplex – Farm – Mobile Home – Other
With regard to my house, I:	Own – Rent and my lease allows pets – Rent and I have permission from my landlord
My yard is:	No Yard – Fully Fenced 6 foot or higher – Fully Fenced Under 6 feet – Underground fenced yard – Farm Property fenced – Partially Fenced – No Fence – Other

Your Current Dogs

If none, have you owned any dogs in the past ten years?

Where are they currently?

Name	Breed	Age	Sex	Obtained by (eg Adopted, Gifted)	Spayed/Neutered	Up to date on Shots & Heartworm Prevention	Gets Along with Dogs	Gets Along with Cats
					Yes/No	Yes/No	Yes/No	Yes/No
					Yes/No	Yes/No	Yes/No	Yes/No
					Yes/No	Yes/No	Yes/No	Yes/No
					Yes/No	Yes/No	Yes/No	Yes/No

Brand of heartworm prevention

Any other relevant information about your dogs

Your Current Cats

If none, have you owned any cats in the past ten years?

Where are they currently?

Name	Breed	Age	Sex	Obtained by (eg Adopted, Gifted)	Spayed/Neutered	Up to date on Shots & Heartworm Prevention	Indoor/Outdoor	Gets Along with Dogs	Gets Along with Cats
					Yes/No	Yes/No	Indoor/Outdoor	Yes/No	Yes/No
					Yes/No	Yes/No	Indoor/Outdoor	Yes/No	Yes/No
					Yes/No	Yes/No	Indoor/Outdoor	Yes/No	Yes/No
					Yes/No	Yes/No	Indoor/Outdoor	Yes/No	Yes/No

Brand of heartworm prevention

Any other relevant information about your cats

YOUR REFERENCES

By providing the information about references, you are agreeing for Representatives from Windy Ridge Rescue to contact the referees. Please contact your references, and give them permission to talk to us (particularly your vet).

Vet Name Phone

Landlord Name Phone

Personal

Name	Relationship	Phone:	Best Time
			Business Hours – After Hours – Weekends
			Business Hours – After Hours – Weekends
			Business Hours – After Hours – Weekends

FURTHER OR OTHER RELEVANT INFORMATION

DECLARATION

I agree to make a donation to WRR of \$	Fostering <N/A> – Yes – No
I agree to make a 10 - 15 year commitment to this animal	Fostering <N/A> – Yes – No
I commit to provide monthly heartworm prevention and can afford to do so	Fostering <N/A> – Yes – No
I have never intentionally hurt an animal	True – False
I have never been investigated or charged with animal cruelty or neglect	True – False
I do not intend to hurt this animal	True – False
I have never been involved in any way with dog fighting	True – False
I am not a dog breeder or puppy mill	True – False
I give permission to WRR to contact my references, including my vet and landord as applicable	Yes – No
I agree to WRR visits at my home by appointment as part of the application or follow up process	Yes – No
I Understand that I am required to return the animal to WRR in the event that I cannot keep it	Yes – No
I certify that all of the information provided in this application is true and correct.	Yes – No
If any of the information changes, I will notify Windy Ridge Rescue promptly.	

Signed

Date