



Foster Application

Thank you for your interest in becoming a foster home with Save the Giants Rescue. Please answer the following questions to the best of your ability. Form must be filled out in its entirety.

Applicant Information:

full legal name:	nickname:
phone (home):	D.O.B.
phone (cell):	address:
email:	city/state/zip:
How did you find out about us?	

Interests: In what way(s) would you like to volunteer with our organization? (Check all that apply):

<input type="checkbox"/> adoption application review	<input type="checkbox"/> home checks & home visits	<input type="checkbox"/> newsletters & press releases
<input type="checkbox"/> adopter research (veterinary / reference checks)	<input type="checkbox"/> transports / transportation	<input type="checkbox"/> training
<input type="checkbox"/> administrative / information management	<input type="checkbox"/> accounting	<input type="checkbox"/> education & community outreach
<input type="checkbox"/> medical team & vet relations	<input type="checkbox"/> graphic design & web content	<input type="checkbox"/> networking
<input type="checkbox"/> planning events	<input type="checkbox"/> bookkeeping	<input type="checkbox"/> other (please list):
<input type="checkbox"/> attending events	<input type="checkbox"/> sewing / arts & crafts	
<input type="checkbox"/> grant-writing	<input type="checkbox"/> setting up vet/vendor partners	

List any other experience / skills that would lend to your volunteer position:

We ask that each volunteer and foster home attend volunteer orientation. What days / times would be easiest for you to attend?



Household Information:

How long have you lived at this residence?

_____ months _____ years

Do you rent or own? (Renters must provide a letter from your landlord stating you are able to have the type of pets our organization takes in).

Is everyone in your household aware of and on board with your intentions to foster dogs?

yes no

Please list everyone living in your household:

Name	Age	Relationship

References:

Please provide two personal references – references should be non-family members:

Reference 1:

name:	Relationship:
phone (home):	phone (cell):
email:	additional comments:

Reference 2:

name:	Relationship:
phone (home):	phone (cell):
email:	additional comments:

Current Pets: Please list all animals currently living in your household:

Name:	Species:	Breed(s):	Age:	Spayed/Neutered?
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Current Pets: (continued)

How do you / did you house train your current pets?

Where does your dog stay when you are at work / away from home?

When out for a walk, what type of collar / harness / leash does your dog use?

Behavior: Some dogs in foster care have special needs. Please mark the characteristics you feel you could handle:

- | | | |
|--|---|--|
| <input type="checkbox"/> significant behavior challenges (nipping, biting) | <input type="checkbox"/> blind | <input type="checkbox"/> doesn't like cats |
| <input type="checkbox"/> barking | <input type="checkbox"/> amputee | <input type="checkbox"/> doesn't like other dogs |
| <input type="checkbox"/> significant emotional challenges (extremely frightened/shy) | <input type="checkbox"/> diabetes | <input type="checkbox"/> cannot go to dog park |
| <input type="checkbox"/> not leash trained | <input type="checkbox"/> arthritis | <input type="checkbox"/> guarding food / toys / other values objects |
| <input type="checkbox"/> not potty trained | <input type="checkbox"/> deaf | <input type="checkbox"/> not crate trained |
| <input type="checkbox"/> incontinent | <input type="checkbox"/> skin infection | <input type="checkbox"/> Surgery aftercare |

Do you have any experience with health/behavior issues? Please explain:



Veterinary Info:

Primary Veterinarian:

vet name:	clinic name:
phone (home):	phone (cell):
email:	additional comments:

Emergency/After Hours Veterinarian:

vet name:	clinic name:
phone (home):	phone (cell):
email:	additional comments:

Please sign the following statement:

I, _____ (name), have filled out this application with the interest of becoming a foster parent for Save the Giants Rescue. The information I have provided is true to the best of my knowledge. I give permission to representatives of Save the Giants Rescue to call my references and my veterinarian and discuss my ability to care for foster dogs.

Thank you for applying to be a volunteer/foster parent with our rescue. It may take us up to a week to process your application as we will check in with your veterinarian and references before we get back to you. Please note that all foster applicants will receive a live interview and home visit before being approved to foster dogs.