

# Wagging Tales Rescue

## *Foster Care Application*

Thank you for your interest in serving as a foster family for animals in need at Wagging Tales Rescue. Please complete the items below so that we may get to know more about you, your family, and the types of dogs you are interested in fostering.

### ABOUT FOSTER CARE

**This form must be filled out 1 week prior to Foster Care Orientation.**

Our Foster Care Program is designed to house our rescue dogs while they are waiting to find their forever homes. Since we do not have a facility to hold all the dogs right now, we rely on fosters to help us house the dogs until we can get them adopted. Some of the dogs may be in foster care for a longer period of time than others if they have anxiety, behavioral, or medical issues that need to be resolved before they are adopted. Foster volunteers open their homes to animals and provide them with the love and care they need while they await their chance to be adopted.

### ABOUT YOU

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

# WAGGING TALES RESCUE

## Foster Care Application

### Household Information:

Check all that apply:  House     Apartment/Condo     Own     Rent

Who else will your foster animals may come into contact with on a regular basis?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Please tell us why you are interested in foster care with Wagging Tales Rescue.

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Please check all that apply:

Interested	Experienced	Type
<input type="checkbox"/>	<input type="checkbox"/>	Small Breed
<input type="checkbox"/>	<input type="checkbox"/>	Medium Breed
<input type="checkbox"/>	<input type="checkbox"/>	Large Breed
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety Issues
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Issues
<input type="checkbox"/>	<input type="checkbox"/>	Medical Issues
<input type="checkbox"/>	<input type="checkbox"/>	Dogs on Medication
<input type="checkbox"/>	<input type="checkbox"/>	Puppies

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Please tell us more about your interests and experiences indicated above:

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## ABOUT YOUR RESIDENT PETS

Please complete the information below for each of your pets and attach a copy of their vaccination records.

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

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*More About Your Resident Pets (Put N/A if the question doesn't apply to you):*

Where are your pets during the day?

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Where are your pets at night?

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Are your cats' litter boxes and food in an area that is inaccessible to dogs?

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Do they like other animals?

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Do you have a regular schedule?

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What days and hours are all adults typically gone from the home?

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What do you do with your pets when you are out of town?

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## PLANS FOR FOSTER DOGS

*Please fill out the following:*

Do you have an area in your home where you can isolate foster animals? \_\_\_\_\_

Where? \_\_\_\_\_

How will you keep foster animals separate from your pets?

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Are you willing to keep foster animals confined when no adults are home to supervise? \_\_\_\_\_

Do you understand that most dogs and puppies will not be housebroken and could potentially have an accident in the house?

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How will you handle an accident from a foster animal?

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Do you have a fenced yard?

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How will you exercise dogs over 10 weeks of age?

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## *Foster Care Application*

Do you have experience administering medication to animals?

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If yes, please explain: \_\_\_\_\_

## FOSTER CARE VOLUNTEER WAIVER

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As a volunteer for Wagging Tales Rescue Foster Pet Parent Program, I assume legal responsibility for all human or animal injuries, illnesses, behavior or psychological problems incurred once the foster pet(s) is (are) released to my care. I realize that there are risks involved in caring for animals and I hold Wagging Tales Rescue, harmless in any way for any and all claims, lawsuits, damages and attorney fees arising from any incident or activity of any kind, known or unknown, once the animal/pet leaves the Wagging Tales Rescue premises, including but not limited all claims for bodily injury and property damage to anyone, including the undersigned, his or her agents, assigns, heirs and representatives. I also recognize that I am to provide a temporary home to Wagging Tales Rescue foster animals. The animals are the property of Wagging Tales Rescue, and I agree to return the animals to Wagging Tales Rescue on the date requested.

I understand and agree to the following:

- I will bring in my foster pets for vaccinations, treatment or checkups as instructed by Wagging Tales Rescue Staff.
- There will be limited or no contact between the foster animals(s) and my own pets of the same species. This is especially important during the first 14 days the foster animal(s) is (are) in my home.
- If I, my family and/or my guests become sick due to exposure to the foster animal(s), Wagging Tales Rescue will be unable to provide medical care.
- The foster animal(s) may get terminally sick it may be humanely euthanized.
- Foster animals released for adoption will be placed in the normal adoption program with no favoritism given to friends or family of the foster parent(s). Any potential adopter must be approved by the Wagging Tales Rescue Staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# WAGGING TALES RESCUE

Foster Care Application

## WHAT'S NEXT?

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This application is to emailed to [waggingtalesrescueohio@gmail.com](mailto:waggingtalesrescueohio@gmail.com) or handed to Wagging Tales Rescue Staff. Please note that you will only receive a phone call if an email address is not provided. Thank you! We look forward to working with you.

If you have any questions please email [waggingtalesrescueohio@gmail.com](mailto:waggingtalesrescueohio@gmail.com).

## OFFICE USE ONLY

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Received: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Contact: Email / Phone: \_\_\_\_\_

Notes:

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