

# Holly's Garden, Inc.

## Small Breed Rescue

9912 Blossom Valley Road

El Cajon, CA 92021

858 274-2940

### Foster Application and Agreement

Thank you for your interest in our foster care program. Fostering will allow our dogs to live in a home environment while awaiting placement in their forever home.

Applicant must be 21 years of age and the primary individual responsible for the care of the dog.

Please complete the following questionnaire:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

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

Are you open to a home visit?  Yes  No If No, please explain: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hrs. worked per week: \_\_\_\_\_

Please provide reference: Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

What kind of dog would you like to foster? \_\_\_\_\_

Are all members of your household on board with fostering?  Yes  No

Describe your experience with dogs: \_\_\_\_\_

How many dogs would you consider fostering at any one time? \_\_\_\_\_

Are you willing to foster dogs with special needs?  Yes  No

What restrictions would you have about fostering a dog/special needs dog? \_\_\_\_\_

How long would you be willing to foster (two week minimum)? \_\_\_\_\_

If you go out of town, do you have someone who could take care of the dog?  Yes  No

Number of people in your household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_

Do you live in:  House  Condo  Apartment

Do you:  Own  Rent How long have you lived at this address? \_\_\_\_\_

Do you have a secure fenced yard or area? Yes No If No, please explain\_\_\_\_\_

Fence type:\_\_\_\_\_ Height:\_\_\_\_\_

Do you have a pool? Yes No Is there a fence around the pool? Yes No

Any restrictions on pet ownership with your homeowners association or landlord? Yes No

If Yes, please explain:\_\_\_\_\_

List all companion animals currently living in your home by age, size and sex:

Are all other dogs living in your home spayed or neutered and up to date on vaccinations? Yes No

If No, please explain:\_\_\_\_\_

How many hours will the foster dog be left alone?\_\_\_\_\_

Where will the foster dog be kept when no one is home?\_\_\_\_\_

Where will the foster dog sleep at night?\_\_\_\_\_

What pets have you had in the past and where are they now?\_\_\_\_\_

I agree that I am acting as a temporary custodian of the dog fostered for Holy's Garden (referred as HG) and that HG remains the lawful owner of the dog. I will surrender the dog to a HG representative within 24 hours if requested to do so for any reason. \_\_\_\_\_ (initial)

Foster dogs may have been neglected, mistreated, or abused and that special care of precautions may be required. Foster has been advised that a foster dog will need time to adjust to new routines, new family and new surroundings. Foster is aware that the dog may need basic house manners and to closely supervise any interactions between any children or existing animals in the house. \_\_\_\_\_(initial)

Foster agrees to never use harsh physical discipline and will never physically abuse the dog. \_\_\_\_\_(initial)

Foster will contact HG if the dog's exhibits behavioral problems that are beyond their ability to reasonably manage. \_\_\_\_\_(initial) Our contact number: (858) 688-0337

Foster agrees to exercise normal care in maintaining the health of this dog by providing fresh food (provided by HG), fresh water and daily exercise. The dog will not be kept outside except for reasonable periods of time for play, exercise and to go to the bathroom. The dog will never be left outside unsupervised, even in a fenced yard. \_\_\_\_\_(initial)

Foster will advise HG when the dogs need to be groomed and HG will make arrangements. Foster will never groom or change the appearance of the dog without permission except for bathing. \_\_\_\_\_(initial)

Foster agrees to contact HG immediately if the dog becomes ill, injured or is missing. \_\_\_\_\_(initial) (858) 688-0337

Foster will regularly advise HG as to the condition and adjustment of the dog. Keeping a weekly documentation of the dog's habits and adjustments will help future adopter understand the dog's likes/dislikes and personality. Foster will allow a HG representative to visit their home to check on the health and welfare of the dog if necessary. \_\_\_\_\_(initial)

Would you agree to transport the dog to any adoption events, which are typically on Saturdays? Yes No

I understand that HG cannot, and does not make any guarantees as to the health, temperament, mental disposition, and training of the dog. I hereby foster the dog at my own risk. \_\_\_\_\_(initial)

I fully and completely release HG, it's directors and volunteers, from any and all claims and disputes, including, but not limited to, any defects or illnesses the dog may have or develop, and for any injury or damage to person, property, or other household pets, which may be caused by the dog.

I further agree to indemnify and hold HG harmless against any and all claims and liability, including, but not limited to, those asserted by third parties for any injury or damage to persons or property caused by the dog.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct.

Foster Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

HG Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Treatments and Conditions:

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