

SAVING LIVES FOSTER APPLICATION



Today's Date: _____

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you interested in fostering a Dog Cat

Who will be the primary care giver for this pet? _____

Do you live in a House Apt Condo Mobile Home

How long have you lived at your present address? _____

Do you anticipate moving in the future? _____

Number of adults in your household _____ Children _____

Ages of Children: _____

Do you have a fenced yard? Yes No

What type of fence? Chainlink Block Wall Wood Other _____

How tall is the fence? _____

Do you: Own Rent

Does your landlord authorize you having this pet? _____

Landlord's name: _____ Phone: _____

Do you have a dog door? Yes No

Is it open when you are gone/sleeping? Yes No

Where will your pet be kept during the day? _____

Where the pet be kept at night or when you're gone? _____

Are you willing to use a crate to help acclimate the pet? Yes No

S.A.I.N.T.

P.O. BOX 22411 • Bullhead City, AZ 86439 • T: (928) 704-0800 • E: bhcsaint@yahoo.com • www.BHCSaint.Org

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By signing below you agree that you have read and understand the Foster Home Application terms and conditions.

Foster Home Representative Name: _____

Foster Home Representative Signature: _____

Date: _____

S.A.I.N.T. Representative Name _____

S.A.I.N.T. Representative Signature _____

Date: _____

Please indicate if any of the following are more important to you:

Dog Size: Under 20# 20-50# 50-100# Doesn't Matter

Sex: Male Female Doesn't Matter

Species: Dogs Only Cats Only Doesn't Matter

Age: Puppies/Kittens Adult Dogs/Cats Senior Dogs/Cats Doesn't Matter

Medical Needs: (IE recovering from spay/neuter procedures or daily medication for non-life threatening illnesses. OK No Thank You

Training Needs:

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Do you currently have other pets? Please fill in the area below for each pet.

Pet's Name	Age	Spay/Neutered	Current on Vaccinations?

I agree to abide by the terms and conditions below with respect to this foster application:

SAINT TO PROVIDE: SAINT will provide, at no charge to me, food and other supplies and any necessary medical care and any necessary socialization or training instructions for the foster animal(s). **I agree.** _____

FOSTER CARE VOLUNTEER TO PROVIDE: I will provide the foster animal(s) with responsible care, including: food, water, shelter and when instructed by SAINT, medication and/or training or socialization. I agree at all times to follow the instructions from SAINT with respect to the treatment and property handling of the animal. **I agree.** _____

MEDICAL OR AGE RELATED PLACEMENT: If the foster animal has been placed with me for medical reasons or due to the foster animal being of a young or old age, I understand the foster animal's care may require daily medication or medical care, periodic veterinary visits and physical assessments with SAINT. I agree to abide by the instructions of the veterinarian and/or SAINT with respect to the foster animal's care, to provide careful supervision of the foster animal's condition, to report any medical concerns to SAINT immediately, and to cooperate with SAINT with respect to transportation to the veterinarian. In the event of a medical emergency, I will immediately contact a SAINT representative and follow the instructions provided. **I agree I can decline to foster any pet at any time for any reason.** _____

TRAINING & SOCIALIZATION: Animals in need of foster homes often have known and unknown behaviors. SAINT cannot always know what those behaviors will be. The basis for a foster home situation is for socialization, training and assessing the personality/behaviors of the foster pet. The SAINT trainer and/or director of the Saving Lives Foster and Adoption Program will work closely with me to assess training needs and make suggestions to modify the behavior. I am willingly to give the foster animal a minimum of 48 hours in my home to assess behaviors before asking SAINT to remove the pet from my home unless there is a serious issues between my animals and the foster animal. I agree to follow the training or behavioral/socialization instructions provided by SAINT's trainer. I will maintain control over the foster animal at all times while in my care. **I agree to meet with the trainer for periodic assessments of the foster animal if needed.** _____

Signature: _____

Printed Name: _____

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