

PAWS RC FOSTER CARE APPLICATION

If you wish to volunteer to provide assistance for PAWS RC in the area of fostering, please complete this application and return it to:

By Mail: PAWS RC

P.O. Box 399

Lake Lure, NC 28746

Tel: 888-422-7303

Foster Care Application

____ Approved

____ Denied

____ Pending

By Email: pawsofrc@gmail.com

I understand and agree that I am volunteering my time and services to be a volunteer at no cost and I will not be compensated for either my time or services by PAWS RC. I also understand that the Executive Director in his/her sole discretion for any reason may remove me from this position at any time. You must be at least 21 years of age to be a PAWS RC Foster Parent.

Personal Information

Applicant Name _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Best time to call _____ Preferred # for Calls _____

How long have you lived at this address? _____ How old are you? _____

Have you ever owned dogs before? _____ Yes _____ No

Are there any children in your home? _____ Yes _____ No

If so, how many? _____ What are their ages? _____

How many adults are in this home? _____ / Does anyone have allergies to dogs? _____

Do you currently own dogs? _____ How many? _____ What sex? _____ Age(s) _____

What breeds? _____

Are your dogs spayed/neutered? _____ Yes _____ No / Are they UTD on shots? _____ Yes _____ No

What other types of animals do you currently own? _____

Where would you keep a foster dog during the day? _____

Where would you keep a foster dog at night? _____

Do you have an area in your home where you could isolate a foster dog, if need be? _____

If so, where? _____

Do you have a fenced-in backyard? _____ Yes _____ No

How will you exercise your foster dog? _____

Are you willing to house-train a foster dog? _____ Yes _____ No

What is the longest the foster dog would be left alone at any given time? _____

Dog Experience

The following questions help us assess your experience with dogs so that we can place an appropriate foster dog in your home. You do not need experience in all of these areas to be approved as a foster home. What have you had experience in? (Please check all boxes that apply)

Crate Training _____ Obedience Training _____ Birthing Puppies _____

Bottle Feeding Puppies _____ Weaning a litter _____ Pet Therapy _____

Modifying behavior problems _____ Administering Meds/Giving Shots _____

Bathing/Grooming/Nail Clipping _____ Show/Agility _____

Training a dog for Livestock work _____ Training a dog for Law/Drug Enforcement _____

Veterinary/Vet Tech/Emergency Animal Medical Technician _____ Choose one.

Please list any other experiences you feel will be beneficial while fostering PAWS RC dogs.

Note: Use of a crate is strongly recommended.

What circumstances would force you to return a foster dog in your care?

Veterinary Reference

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Personal References

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Credentials, if any (such as rescue volunteer or breeder)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Credentials, if any (such as rescue volunteer or breeder)

Would you be willing to let one of our representatives visit your home? ____Yes ____No

If not, why? _____

All of the above information I have given is true and complete. I understand that it is my decision whether or not to foster any particular dog. I will not hold PAWS RC responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any dog I may decide to foster or volunteer my time to help.

Thank you for volunteering to become a foster home for PAWS RC. One of our volunteers will contact you shortly. We look forward to working with you.

At its sole discretion, PAWS RC reserves the right to refuse any application for any reason or no reason.

Applicant Signature _____ Date _____