



Animal House Sanctuary
We don't just find homes, We find Families
Foster Home Volunteer Application



Date:	Primary Foster	Co-Foster
Name:		
Date of Birth:	/ /	/ /
Driver's License #:		
21 Years of Age or Older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address Line 1:		
Address Line 2:		
City & State, Zip:		
Time at Current Address:	Years: Months:	Years: Months:
Phone:	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Home
Secondary Phone:	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Work	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email Address:		
Preferred Contact Method:	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other:	
Place of Employment:		
Employer City & State:		
Time employed:	Years: Months:	Years: Months:
Type of Residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home	
Please Specify:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	

Only complete if you selected RENT

We recommend that you complete this portion of the applications BEFORE continuing past this page

- If you **RENT**, have you contacted your Landlord to verify that pets are allowed? Yes No
- Are you able to provide us with a copy of your lease stating that pets are allowed? Yes No
- Does your lease require that cats be de-clawed? Yes No
- Does your lease list any limitations on the pet Type/Breed, Size, or number of pets allowed? Yes No
- If Yes, specify all below: **Type/Breed:** _____ **Size Limit:** _____ **Total # of Pets** _____
- Does your lease require an additional deposit per pet and/or an increase in your monthly rent? Yes No
- If Yes, specify all below: **\$\$ Deposit per pet:** \$ _____ **\$\$ Increase of Monthly Rent:** \$ _____
- Can you afford all additional costs, Pet Deposit Fees and/or Monthly Rent Increase, if required by the Landlord? Yes No

Please provide contact info for your Landlord so we can contact them if necessary: Landlord Name:

Phone: () - -

ALL OF THE ABOVE INFO MUST BE COMPLETED BEFORE SUBMITTING YOUR APPLICATION

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How many people live in the household? Adults Over 18 _____ Children under 18 _____

List ages for all children under 18: _____

Full name and date of birth of every adult in the home over 18, excluding yourself. Use the back of this paper if needed.

Name	Phone	Date of Birth
	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	/ /
	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	/ /
	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	/ /
	() - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	/ /

Interested in Fostering:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	If Specific Pet, Name:
Primary Reason for Fostering:		
Preferred Age:	<input type="checkbox"/> Puppy/Kitten <input type="checkbox"/> Young <input type="checkbox"/> Adult <input type="checkbox"/> Senior	
Preferred Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
How soon could you start fostering:	<input type="checkbox"/> ASAP <input type="checkbox"/> 1 – 4 Weeks <input type="checkbox"/> 1 Month +	
Other fostering interests & options:	<input type="checkbox"/> Companions/Bonded Pair of Dogs <input type="checkbox"/> Special Needs <input type="checkbox"/> Pair of Cats	

What type of Fostering are you interested in? Check all that apply:

Long Term: 6 months + Short Term: Less than 6 months Temporary: Until permanent Foster placement

Pets with Medical needs Short Term Pets with Medical needs Long Term Other _____

Do you have any preferences as to species, breed, age, sex, length of hair, weight, size, etc.? Please specify:

Do all the adults in the home know you are planning on fostering a pet? Yes No

Do any family members have allergies to animals or asthma? Yes No

Will you authorize a visit to your home before and after fostering a pet? Yes No

Have you been a foster home for another rescue organization before? Yes No

If Yes, please list organization: _____

Why do you want to be a dog/cat foster home for us?

List any qualities in a dog/cat that would not suit your home:

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Pet(s) breed & energy level

Are all pets in home on heartworm & flea prevention Yes No

Are you willing to work with your foster dog on any issues it may have: Yes No

Where will your foster dog be when everyone has left the house? _____

Where will they sleep during the day? _____ At night? _____

How many hours a day will the animal be left alone: _____

How will your foster dog be exercised and how often? _____

How long do you feel a new pet and pets already living in the home should be given for an adjustment period? _____

Dog Fosters answer the following questions:

If you live in an apartment or do not have a fence:

Are you willing to walk your dog when it is cold, dark, or raining? Yes No

Are you prepared to house train a dog? Yes No

Would you return a dog if you have difficulty house training him/her? Yes No

What will you do if your dog soils the floor or chews the furniture? _____

Do you know what heartworm disease is? Yes No

If you own a dog, what is your current heartworm prevention program? _____

How will you ensure your dog stays on your property when you are not there? Select all that apply

- Inside House: Crated Uncrated On leash Outside Dog Run Outside Kennel
 Fenced in Yard Chain or Rope In Garage Patio Other _____

Are you willing use a crate if recommended? Yes No If no, why not? _____

Cat Fosters answer the following questions:

Would you like your cat to have the freedom to go outside? Yes No

What will you do if your cat develops litter box problems? _____

What will you do if your cat scratches the furniture? _____

If you have a dog, has it been exposed to cats? Yes No

Do you agree and understand the animal under your care while in our foster program is property of Animal House Sanctuary, and only Animal House Sanctuary can adopt the animal out and collect an adoption fee. Do you AGREE to these terms and conditions?

Foster Signature:	Date:
AHS Representative Signature:	Date:

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Please call ahead to establish a relationship with the Veterinarian you intend to use for pet care. Also inform them that you have given Animal House Sanctuary permission to request all past & present pet records.

Primary Veterinarian:

Name:	Phone: () - -
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Previous Veterinarians:

Name:	Phone: () - -
Name:	Phone: () - -
Name:	Phone: () - -

Do you have pets living in your home now? Yes No

Dogs _____ **Cats** _____ **Other:** _____

Please list all pets you currently have in your home:

#	Pet Name	Age	Type	Gender	Spayed / Neutered	Vaccinations Current
1.			<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Dog <input type="checkbox"/> Cat Other:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Veterinarian will be contacted to verify medical history for all past & present pets

- ✓ All household pets must meet the following criteria:
- ✓ Current on all Vaccinations
- ✓ Taking a monthly flea & heartworm preventative
- ✓ Heartworm tested within the last 12 months
- ✓ Spayed or Neutered
- ✓ Cats Only: Negative test results for FeLV, FIV, & feline Coronavirus

AHS Team Only:	Vet & Pet History Verification Complete: <input type="checkbox"/> No <input type="checkbox"/> Yes

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DO YOU ACKNOWLEDGE THERE CAN BE DISAGREEMENTS AND WILL YOU STRIVE TO EASE THE TRANSITION AND PROVIDE CARE AND GUIDANCE AS NEEDED? NOTE: Small disagreements are expected and typical behavior when a new dog is brought into a home where a dog or cat is already living. There can be fear and anxiety and you must be willing to work with your new dog during the transition time (which can be anywhere from days to weeks to months) until the dog is comfortable in your home. At that time you'll be able to see your dog's true personality.

Signature: _____

Date: _____

HOW LONG WILL YOU BE ABLE TO PROVIDE A FOSTER HOME FOR A DOG? (Dogs can find their new homes in as little as few weeks to several months and more. We need foster homes for the long haul and even emergency foster homes for a week or two while we set up transport of a dog to another rescue. Mark one):

- Long Term Short Term Temp Foster Medical
 As Long as It Takes 6 Months To A Year Several Months Emergency Foster Only 1 - 2 Weeks.

For What Reason, If Any, Would You Feel Compelled To Give Up An Animal? (Circle All That Apply.)

- Houstraining problems Litterbox problems Animal aggression People aggression
 Medical expenses Size (too big) Not enough time for pet Kids no longer at home
 Fence jumper/gets out of yard Destructive in yard/home Other _____

I have answered all questions and provided all needed references truthfully and honestly to the best of my knowledge. I will do my best to comply with animal house sanctuary requirements, which include providing a loving and safe environment for my foster dog.

Signature: _____

Date: _____

Signature: _____

Date: _____

CYNTHIA CASIANO
(260) 530-1953 OR (260) 440-6212

AHS Director Signature: _____

Date: _____

Animal House Sanctuary
SPECIAL NOTICE

You are not an employee, staff member, board member, officer, or any type of legal representative of this organization, and/or any Rescues working in conjunction with Animal House Sanctuary. You are a volunteer foster that agrees & understands that only an officer of this organization can adopt and collect fees.

1. Only the designated Senior ANIMAL HOUSE SANCTUARY Members (Board Member) and/or members of Rescues working in conjunction with, shall approve and place rescued animals into foster homes. Your Foster Home contact must be notified as soon as possible of any changes in the status of either the animal in your care or the foster home environment you have indicated above.
2. All animals placed in foster care will be examined by an approved Veterinarian and will have been given/will be given all necessary immunizations, and either already or will be scheduled to be spayed or neutered.
3. All basic medical and general expenses will be covered by ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with, if foster home is unable to pay them. We appreciate any willingness to donate basics. An approved ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with, representative must approve any unusual expenses. Basics include: Dog: Collar, tag, and leash. Sleeping and travel crates will be provided as deemed necessary by the foster parent and authorized representative of ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with.
4. The animal rescued by ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with, must ALWAYS wear the ID Tag provided by ANIMAL HOUSE SANCTUARY. They must be on a leash or in a secure pet carrier when outside of its foster home and yard. During transport, the rescued ANIMAL HOUSE SANCTUARY and/or animal from any Rescues working in conjunction with, must ride inside the car.
5. Your Foster Home Contact must be notified immediately if the animal in your care is injured or missing. Any emergency veterinary expenses for your foster dog will be reimbursed by ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with, in the event an approved Veterinarian cannot be reached.
6. Ownership of all rescued animals remains with ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with, until such time as proper adoption is completed. No rescued animal may be adopted, transferred, or relinquished without the approval by the authorized representative of ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with.
7. Only authorized representatives of ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with, will conduct Interviews, Home Visits, review and approve foster/adoption applications.
8. Adoptions will be deemed consummated only after completion of the vet reference check, home inspection (physical or virtual), Adoption Contract, receipt of the agreed upon donation, and final approval by the authorized representative of ANIMAL HOUSE SANCTUARY and/or Rescues working in conjunction with.
9. If foster home decides to adopt his/her dog, it is agreed that he/she will pay the full adoption fee charged.

By signing below,

I certify that the information I have given is true and I recognize that any misrepresentation of the facts may result in my losing privilege of adopting/fostering a pet from Animal House Sanctuary. I authorize investigation of all statements on this application.

Furthermore, I understand and accept that the adoption decision depends upon many factors including, but not limited to, the compatibility of the family and home to the individual dog or cat, and other applications received on the dog or cat. I understand and accept that it is Animal House Sanctuary prerogative to decide which home is most appropriate for the individual dog or cat, and therefore, I will not take issue with the decision. Unless otherwise indicated by Animal House Sanctuary, I may be considered for another dog or cat.

Primary Signature:	Date:
Co-Adopter Signature:	Date:

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Waiver & Confidentiality Agreement



I understand that I may be handling animals while providing volunteer services with Animal House Sanctuary and therefore exists a risk for personal injury. On behalf of myself, my heirs, personal representatives, and executor, I release, discharge, indemnify, and hold harmless Animal House Sanctuary, its agents, servants, volunteers, and board from any and all claims, cause of action or demands of any nature or cause connected with the volunteer contract. This could include any costs, attorneys' fees and court costs occurred by Animal House Sanctuary in connection with my volunteer services based on damages or injuries who I or anyone under my care/supervision may incur in any way while volunteering. Such damages are not limited to but may include animal bites, accidents, injuries, and personal property damage.

Initial _____

Confidentiality

I understand that there is an aspect of confidentiality involved with Animal House Sanctuary location, any information, clients, volunteers, and their situations.

Initial _____

To ensure the safety of all (both human and pets) we ask that you always listen to the instructions given by the handler at Animal House Sanctuary. We know these animals and what their triggers may be (if they have any). We work diligently with each, putting in hundreds of hours training with each of them. We respect everyone who has trained with previous dogs, but we ask you keep an open mind and heed our advice as we know these dogs best. Many dogs that enter our program have had a not so happy past and we want to ensure we are setting our dogs up for the best possible future as we hand off their leash to you. Our goal is to ensure we do not put our animals in any situation that would negatively affect them.

Initial _____

I, _____, hereby acknowledge that Animal House Sanctuary is not liable for any personal injury or damage to personal property while volunteering at and with Animal House Sanctuary. I agree to adhere to the guidelines set forth by Animal House Sanctuary to ensure the safety of all animals and people under the care of Animal House Sanctuary.

I hereby sign this agreement under my own free will.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____