

Sebring Angels Foster Care Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the Sebring Angels Foster Care Program.

PERSONAL INFORMATION (Please print):

Name: _____ Age: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home phone: _____ Cell phone: _____
 Email: _____
 How did you hear about us? _____

HOUSEHOLD INFORMATION:

How many people are in your household?
 Adults over the age of 18 (including self): _____ Ages: _____
 Children: _____ Ages: _____
 Does anyone in the household have allergies to Pets? Yes No If yes, explain? _____
 Do you live in (circle one): HOUSE APARTMENT/CONDO OTHER: _____
 How long have you been at this address? _____
 Are there pet restrictions? YES NO
 If yes, what are they? _____
 Do you: OWN RENT *If renting, we will contact your landlord to ask if fostering animals in your home is acceptable. You will not be able to foster until we receive positive confirmation.
 Landlord's name _____ Phone _____

PERSONAL REFERENCE:

1. Name: _____
 Phone Number: _____ Years Known: _____
2. Name: _____
 Phone Number: _____ Years Known: _____

PLEASE LIST ALL THE CURRENT ANIMALS IN YOUR HOUSEHOLD

Name	Breed	Sex	Spayed/ Neutered	How long have you had this pet in your home?	Where does the pet spend most of its time?	Vet name and Phone Number

Are all animals in your home current on:

Rabies/Distemper: Y N If not, why? _____
Heartworm Prevention: Y N If not, why? _____
Flea/Tic Prevention: Y N If not, Why? _____

Who will be the primary caretaker of your foster pet(s) _____

How many hours during the AVERAGE day will this pet spend WITHOUT a human? _____

Where will this pet be: When someone is home? _____ When alone? _____

Where will this pet sleep at night? _____

Describe your yard:

No yard Unfenced yard Partially fenced yard Completely fenced yard

Height of fence: _____ Made of? Wood Chain link Brick Other _____

*Sebring Angels foster pets must be supervised at all times when outdoors.

If you don't have a fenced in yard, do you agree to keep your foster pet on leash at all times outside?

Yes No

How would you describe your level of experience with dogs? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Never had a dog | <input type="checkbox"/> Have experience working with behavioral problems with a personal dog |
| <input type="checkbox"/> Had childhood pet dog | <input type="checkbox"/> Have experience working in a veterinary hospital |
| <input type="checkbox"/> Had one or more as an adult | <input type="checkbox"/> Am a professional dog trainer |
| <input type="checkbox"/> Have experience with powerful breeds | <input type="checkbox"/> Have previous foster/rescue experience, if yes, please describe: _____ |
| <input type="checkbox"/> Have experience working with on-going medical problems with a personal dog | |
| <input type="checkbox"/> Have experience working at a boarding kennel/ resort/ pet sitting service etc. | |

Do you have experience with: small dogs medium dogs large dogs

What situations do you feel UNPREPARED for?

- | | |
|--|---|
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Not good with other dogs |
| <input type="checkbox"/> Destructive chewing | <input type="checkbox"/> Not good with small animals/cats |
| <input type="checkbox"/> Not housetrained | <input type="checkbox"/> Scratching/biting |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Administering medications |
| <input type="checkbox"/> Escaping | <input type="checkbox"/> Providing on-going training |
| <input type="checkbox"/> Resource (food/toy) aggression | <input type="checkbox"/> Very high activity level |
| <input type="checkbox"/> Shy, fearful, or under socialized dog | <input type="checkbox"/> Deaf/Blind dogs |
| <input type="checkbox"/> Not good with children | |

What types of dog are you interested in fostering? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Adult dog | <input type="checkbox"/> Injured dog/puppy |
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Dog with behavioral issues |
| <input type="checkbox"/> Mother with nursing puppies | <input type="checkbox"/> Long-term hospice care |
| <input type="checkbox"/> Unweaned puppies/Bottle babies | <input type="checkbox"/> Pit Bull/Bully breeds |
| <input type="checkbox"/> Sick dog/puppy | |

Do you have a preference on: Size? YES NO

If yes, please explain: _____

Breed? YES NO

If yes, please explain: _____

Age? YES NO

If yes, please list age preference: _____

Please tell us anything else you would like us to know to help match you up with the right foster animal: _____

Please read the following carefully:

- ⌚ **Sebring Angels determines the criteria for fostering, decides which animals are eligible for foster care, and appoints foster caregivers from a pre-approved list of providers. Sebring Angels will require you to fill out a foster application and may refuse any specific request for any reason.**
- ⌚ **Sebring Angels staff will inform you of any medical treatments to be administered, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.), and any other restrictions or expectations we may have.**
- ⌚ **You will be expected to keep the animal safe and secure, return it to Sebring Angels when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. Sebring Angels retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption & placement of the animals fostered.**
- ⌚ **Sebring Angels cannot accommodate:**
 - **People fulfilling court-ordered community service within the Foster Care Program.**
 - **People convicted of violent crimes or crimes involving animal cruelty or neglect.**
 - **Students seeking credit for school service requirements should speak with the Foster Care Coordinator to discuss the program before proceeding.**
- ⌚ **Unless otherwise arranged, the foster parent is responsible for providing all food, litter, bedding, and toys for the animal while it is in their care at home.**
- ⌚ **The foster parent is responsible for transporting the animals to and from approved veterinary appointments, surgery, behavior evaluations, vaccinations, etc., unless transportation has been previously discussed and arranged by Sebring Angels.**
- ⌚ **The foster parent may also be responsible for transporting the animal to and from adoption events, and to off-site training classes, at the discretion of Sebring Angels.**
- ⌚ **Upon return of your foster animal to Sebring Angels you may be asked a brief questionnaire about your foster animal's behavior and personality.**

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Sebring Angels takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which Sebring Angels has asked me to provide care. I acknowledge that Sebring Angels is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

Foster Applicant

Date

Sebring Angels

Date

Return Application to:
SebringAngels@gmail.com