

Paradise Animal Rescue, Inc.

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Columbiaville, MI 48421
(810) 793-5683
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**Paradise Animal Rescue, Inc.
Foster Application**

Foster Party Name: _____

Section 1: PROVISIONS OF FOSTERING

READ THROUGH COMPLETELY BEFORE SIGNING THE CERTIFICATION ON PAGE 3.

Definition of Fostering: Fostering, as it pertains to P.A.R., is the placing of a Dog/Cat in the home of a willing volunteer for an unspecified amount of time where it is cared for and raised in preparation for a final adoption.

Purpose for Fostering: The purpose for fostering an animal from P.A.R. is to acclimate the animal to a protective, home-like environment, attempting to ensure a positive transition to the adoptive home. By placing an animal in a foster home, it is hoped that the animal will develop the varied skills that will result in a successful experience in an adoptive home.

Conditions for Fostering an Animal: Any animal placed in foster care is the sole property of Paradise Animal Rescue, Inc until the time the adoption process is completed or the animal is placed in another foster home.

The Fostering Party is not an Authorized Paradise Animal Shelter Representative and is not authorized to Adopt or release the animal to a third party, nor dispense or administer medications unless specifically authorized in writing by an authorized P.A.R. representative.

Fostering Party Responsibilities: The Name of the animal may not be changed for any reason unless permission is given in writing by the director of P.A.R.

The fostering party may cancel this agreement at any time by giving a twenty-four (24) hour notice.

The fostered animal is to be made available to and at Paradise Animal Rescue at least twice a week, or as requested, to make the animal available for potential adoption.

All applicants must be 18 years of age or older and provide proof of age with a valid drivers' license, state identification, student identification or other ID as requested by P.A.R..

Applications must be completed by the person who will be legally responsible for the animal and with whom the animal will be fostered.

All animals that are fostered from Paradise Animal Rescue have been examined by a veterinarian, may or may not have been neutered/spayed, has received medical treatment for any apparent illness or injury; been tested for deadly disease such as FELV (feline leukemia) FIV (feline immunodeficiency virus) and heartworm in dogs; given a series of vaccinations to protect them from such diseases; and has been screened and treated for internal and external parasites.

Due to the change in the physical, environmental, and psychological status of the fostered animal, Paradise Animal Rescue will not be held responsible for any health and/or behavioral changes that may result in injury/damage to persons and/or property once the animal departs the Paradise Animal Rescue shelter.

The animal must be returned within the agreed upon period. A visual inspection will be performed on the animal upon its departure and immediate return, in the presence of the Foster party. The animal must be returned only by the Foster party.

The animal **MUST** be returned within twenty-four (24) hours to P.A.R. by the Fostering party upon request. Request may come in the form of written letter received by U.S. mail or verbal request in person or by telephone. When request is made via telephone, P.A.R. will provide a witness to the conversation to dispute any false allegations. The fostering party will receive written documentation that the fostered animal has been returned and to the condition of the animal.

P.A.R. may cancel the fostering partnership and all rights to the fostering party at any time. If the fostering party is the original owner of the fostered pet and the fostering partnership is revoked, P.A.R. holds the right to return the pet to you, transferring ownership and responsibility of that pet back to you, the original owner.

P.A.R. Responsibilities: P.A.R. is responsible to provide all medical care to the fostered animal. All medical care is to be serviced by a Veterinarian directed by and paid for by P.A.R.. Food will be provided at P.A.R. expense upon request of the fostering party.

PLEASE FILL IN ALL BLANKS TO BETTER SERVE YOU AND EXPEDITE YOUR REQUEST.

Section 2: FOSTER APPLICATION PARTY INFORMATION

Please Print Clearly All Information

Foster Party Name: _____ D.O.B. ___-___-___ Driver's License #: _____
Photocopy on file: Yes / No

Place of Employment: _____ Work Phone: (____) _____ - _____

Have you ever been convicted of a felony? Yes / No Explain: _____

Address: _____ City: _____ State: ___ Zip: _____ - _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Other Phone: (____) _____ - _____

E-mail _____

How long at this address? _____ Own Rent House Apartment Condo Townhouse

If you rent, does your Landlord allow pets? Yes / No Is there a size requirement? _____

What if the Landlord will not allow pets? _____

Landlord's Name: _____ Landlord's Phone: (____) _____ - _____


Do you have a fenced-in yard? Yes / No Dog house? Yes / No

If your yard is not fenced, how do you plan to let dog out to relieve himself and/or exercise?
 Kennel Leash Tie out Invisible Fence Other _____

How many people live in your house? _____ No. of Children: _____ Ages: _____

Is there anyone in the family who is or may be allergic? Dog: Yes / No Cat: Yes / No

Has everyone in your household been informed of your plan to Foster an animal? _____ Are all in agreement? _____

 **Do you have any restrictions to the type of animal you will foster?** (i.e. small vs large, adult vs kittens, nursing with babies vs orphans, etc.) Be specific _____

Your Veterinarian:

Name: _____ Location: _____ Telephone: (____) _____ - _____

Please provide at least two (2) personal references:

Name	Telephone	Relationship
Reference 1: _____	(____) _____ - _____	_____
Reference 2: _____	(____) _____ - _____	_____

Section 3: FOSTER PARTY QUESTIONARE & HISTORY

How did you find out about Paradise Animal Rescue Shelter? _____

Why would you like to foster an pet? _____

Have you fostered animals in the past? Explain. _____

Would you object to someone from Paradise Animal Rescue Shelter visiting your home and checking on the foster pet? 

Are you familiar with training techniques and appropriate discipline methods? Yes / No Yes / No

How would you handle destructive behavior?

- ...inappropriate chewing? _____
- ...excessive barking? _____
- ...house soiling, housebreaking, not using litter box? _____
- ...too rough playing? _____
- ...digging, scratching? _____

Would you consider asking for help with these issues? Yes / No

Would you consider enrolling in training classes or receiving training/counseling? Yes / No

How do you feel about *Crate Training*? _____

Have you owned other pets in the past five (5) years? Yes / No If so, please describe them and where they are now:

Do you currently own any other pets? _____ If so, please provide the following information:

Type (cat, dog)	Breed	Sex	Age	Spay / Neuter	Vaccinations	Illnesses

Where do your pets currently live? Inside Outside Both Other _____

Where do your pets sleep? _____

Where will the foster pet live? Inside Outside Both Other _____

Where will the foster pet sleep? _____

Section 4: CERTIFICATION

I certify that I have read and agree to adhere to all of the provisions and restrictions of fostering as stated on page 1 of this application and that all information I have provided is true to the best of my knowledge and not misleading in any way.

Print Name clearly _____

Signature of Foster Party _____ Date: _____
Signature must be in the presence of an authorized PAR staff member

P.A.R. Witness: _____ Date: _____
(P.A.R. Authorized Staff Only)

Would you recommend Paradise Animal Rescue Shelter to your friends/family? Yes / No

Paradise Animal Rescue, its Board of Directors and Volunteer Staff wish to THANK YOU for fostering a pet from our shelter.

**Foster Application
For Office Use Only**

Filing Date: __-__-__

Approved Declined

Date: __-__-__

By: _____
Foster Screening Manager Signature

Approved Declined

Date: __-__-__

By: _____
Director Signature

Reason: _____

Check List Completed: Yes / No **By** _____ **Dated** _____
P.A.R. Staff Member

Notes: _____

Follow up: _____
