



The purpose of foster care is to allow a dog or cat to live in a home environment while awaiting permanent placement, permitting the foster family to evaluate the pet and to work with the pet to reintroduce him or her back into a home environment. A home environment is less stressful on the pet than a boarding facility or shelter. The exposure the pet gets from being treated as “one of the family” (walks, outings, etc....) often speeds up the adoption process.

Sunny Sky's Animal Rescue considers our foster families to be essential to the welfare and proper placement of our pets, and wishes the experience to be enjoyable and free from misunderstandings. Please note that we have the following guidelines.

The foster family will follow all relevant procedures and guidelines of Sunny Sky's Animal Rescue regarding the pet placed in the foster home and will not make decisions or take actions regarding the pet's veterinary care or placement without prior approval from Sunny Sky's Animal Rescue.

The foster family will not make any decisions regarding medical care for the pet placed in their care. Sunny Sky's Animal Rescue will treat any known ailments, but foster family will be 100% responsible for any medical bills incurred while in foster care.

The foster family will provide the pet with humane care. The foster family will provide the pet with the necessary exercise and will not keep the pet chained or restrained. Sunny Sky's Animal Rescue pets should not be kept as “outside only” pets.

The foster family agrees to provide the pet with adequate food, water, shelter, affection, socialization, exercise, medical assistance, and to strive to increase the adoptability of the pet. If assistance with food is needed, Sunny Sky's Animal Rescue will provide food upon request.

If the pet cannot be kept by the foster family, the foster family shall notify Sunny Sky's Animal Rescue immediately. The pet SHALL NOT BE SOLD, ABANDONED, RELINQUISHED TO A SHELTER OR POUND OR ANY THIRD PARTY WITHOUT PRIOR APPROVAL FROM SSAR. THE FOSTER FAMILY UNDERSTANDS THAT SSAR AND ITS REPRESENTATIVES HAVE LIMITED INFORMATION REGARDING THE TEMPERAMENT OF THE PET OR ITS HABITS. THE FOSTER FAMILY WILL TAKE ALL REASONABLE PRECAUTIONS (THROUGH THE USE OF CRATES, LEASHES, SUPERVISIONS AND COMMON SENSE) TO ENSURE THE PET DOES NOT RUN LOOSE, BECOME A NUISANCE, DESTROY PROPERTY, INJURE OR BE INJURED BY ANOTHER ANIMAL OR INJURE OR BE INJURED BY ANY PERSON.

The pet is and shall remain the property of SSAR and may be removed by SSAR from the foster family at any time without prior notice.

The foster family agrees to be courteous, helpful and honest to potential adopters and to fully cooperate in accommodating those who wish to see the pet.

In the even the foster family wishes to permanently adopt the pet, a SSAR adoption contract must be submitted to SSAR along with any requested adoption fee.

The foster family should insure that all of its pets are up to date on their vaccinations prior to bring the pet into the foster home.

THE FOSTER FAMILY DOES HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS SUNNY SKY'S ANIMAL RESCUE AND ANY PERSON, FIRM OR CORPORATION CHARGED OR CHARGEABLE WITH LIABILITY TOGETHER WITH THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS AND ASSIGNS FROM ANY AND ALL CLAIMS, DAMAGES, COSTS, EXPENSES, LOSS OF SERVICES, ACTIONS OR CAUSES OF ACTION, WHETHER KNOWN OR UNKNOWN, BLEONGING TO THE FOSTER FAMILY DUE TO ANY ACTION OR OCCURRENCE ARISING OUT OF OR IN CONNECTION WITH THE FOSTERING OF A PET FOR SSAR.

BY SUBMITTING A FOSTER APPLICATION YOU ACKNOWLEDGE YOUR AGREEMENT TO THE FOREGOING TERMS AND CONDIOTNS.

Thanks for helping us save lives.

Name of the pet you wish to foster _____

Your name _____

Today's date _____

Microchip _____

Pet Name: _____ ID #: _____

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FOSTER APPLICATION

Instructions: Please answer every question on this application. If a question is not applicable, write "N/A".

Date:
Name:
Address: City, State, Zip:
Best Contact Phone Number: () Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone Number: () Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email Address:
How many adults reside in your home? Men _____ Women _____ Do they all know you plan to foster a new pet? <input type="checkbox"/> Yes <input type="checkbox"/> No How many children reside in your home? _____ Please circle their ages. 0-6 7-9 10-12 13-16 17+ Have they been around dogs or cats before? <input type="checkbox"/> Yes <input type="checkbox"/> No Do other children visit your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of residence do you occupy? <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other (e.g., houseboat) Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No If you rent your home: <ul style="list-style-type: none">• Do you have permission from your landlord to add a pet to your household? <input type="checkbox"/> Yes <input type="checkbox"/> No• Is there a weight limit on pets? <input type="checkbox"/> Yes <input type="checkbox"/> No• May we contact your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No• What is your landlord's name and phone number? _____ ()
When outside, how will this dog be confined? <input type="checkbox"/> Fenced yard Fence height _____ ft. Fence type _____ <input type="checkbox"/> Fenced run Fence height _____ ft. Fence type _____ <input type="checkbox"/> Tethered by chain or cable <input type="checkbox"/> Overhead zip line <input type="checkbox"/> Invisible electronic fence <input type="checkbox"/> Kennel or dog house <input type="checkbox"/> Garage or other outside building <input type="checkbox"/> Other _____
What type of outside shelter will you provide this dog during summer months? _____
What type of outside shelter will you provide this dog during winter months? _____

Pet Name: _____ ID #: _____

Do you presently own any pets? Yes No

If "yes", please list the type(s) (e.g., dog), breed(s), and indicate whether the pet(s) are altered (spayed/neutered).

Type _____ Breed _____ Altered Yes No

Type _____ Breed _____ Altered Yes No

Type _____ Breed _____ Altered Yes No

Type _____ Breed _____ Altered Yes No

Have you owned pets in the past (while you were an adult)? Yes No

If "yes", please indicate the type of pets (e.g., cat) and why you no longer care for them.

Have you ever owned a pet with behavioral problems? Yes No

If "yes", please describe the issue(s) and how you dealt with it.

Have you ever bred a pet? Yes No

If "yes", what type of animal did you breed? _____

Why did you breed the animal? Fun Show Profit Accidental

Have you ever surrendered a pet to a rescue agency? Yes No

If "yes", please describe the situation.

On a regular basis, how long will this pet be alone? _____ hours

Where will the pet be kept during this time? In the house In the yard Free Access In and Out (ex. dog door)

Please describe, if necessary: _____

Cat only: will this cat be indoor outdoor both in/out

Please describe, if necessary: _____

Where will you keep this new pet when you are on vacation? _____

Why are you interested in fostering a new pet? (check all that apply) Just want to help a homeless pet Cant afford a pet Companion for myself Companion for my family Companion for another pet(s) Protection for my home

What qualities you are looking for in a pet? Easy going Easy care Easy to train Ready to go! go! go!
 Already trained Cuddly/snuggly Loves other dogs Housebroken Protective of me and my property
 Loves people Quiet, doesn't bark a lot Other

Pet Name: _____ ID #: _____

VETERINARY and PERSONAL REFERENCE

Sunny Sky’s Animal Rescue requires a veterinary reference for those who currently have or formerly owned a pet. This helps us determine whether potential foster families have a reliable history of adequate pet care.

We will contact the veterinary practice you provide below to find out if your pet(s) is/was up to date on required vaccinations and altered (spayed/neutered).

Name of veterinary practice and/or veterinarian: _____			
Location of veterinary practice (city, state): _____			
Phone number of veterinary practice: () _____			
Name(s) and type(s) (e.g., dog) of the pet(s) you own/owned who were treated by the veterinary practice.			
Name _____	Type _____	Deceased <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>			
Name _____	Type _____	Deceased <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>			
Name _____	Type _____	Deceased <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>			
Name _____	Type _____	Deceased <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>			
Name of personal reference: _____			
Phone number of personal reference: () _____			

By signing below, I give Sunny Sky’s Animal Rescue permission to request and obtain information about my current and/or former pets from the above listed veterinary practice and to contact my personal references.

 (Printed Name) (Signed Name) (Date)

For Sunny Sky’s Animal Rescue Internal Use Only

Office contact name _____ Date verified _____ SSAR initials _____

Pet name _____ Altered Yes No UTD on vaccines Yes

No

Pet name _____ Altered Yes No UTD on vaccines Yes

No

Additional Notes _____

Pet Name: _____ ID #: _____