



# ANIMAL FOSTER APPLICATION

*Completion of this application does not guarantee foster of a Crossroads K9 Rescue animal*

Name of Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of Spouse/Significant Other: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Names/Ages of Children (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

What size dog would you foster?  Large Breed  Medium Breed  Small Breed  Puppy  Any

Do you understand that fostering is from intake to adoption?  Yes  No

Do you live in a  House  Apartment  Condominium  Townhouse  Other \_\_\_\_\_

Do you own or rent?  Own  Rent If you rent, do you have your landlord's permission to have a pet?  Yes  No

If yes, are there any restrictions?  Yes  No What are they? \_\_\_\_\_

Can you provide proof of permission?  Yes  No *\*If you rent, proof of permission from landlord is required*

Landlord's Name and Phone Number \_\_\_\_\_

Have you checked with your homeowners/renters insurance?  Yes  No *\*If you rent, proof of insurance is required*

Do you have a dog proof fenced yard?  Yes  No If yes, how high is the fence? \_\_\_\_\_

Other pets (specify number of each):  Dogs \_\_\_\_\_  Cats \_\_\_\_\_  Other \_\_\_\_\_

Do you own livestock?  Yes  No

If you have any dogs or cats, are they spayed/neutered?  Yes  No

If you have dogs, are they socialized?  Yes  No

Personal Reference: (Name) \_\_\_\_\_ (Number) \_\_\_\_\_

Veterinarian Reference: (Name) \_\_\_\_\_ (Number) \_\_\_\_\_

We require a vet reference. We do not send dogs to homes whose pets are not current on vaccines. Our rescues may have compromised immune systems from neglect, malnutrition, illness, so please don't take it personal, but applicants with pets who are not vaccinated and/or do not receive heartworm preventative will not be considered.

Please be advised that the dogs we rescue may have had a history of abusive or neglect. They may have fears, nervousness, or behaviors that a well-adjusted dog may not have. Do you understand that dogs must go through an adjustment period to new surroundings after bringing them into your home?  Yes  No

I agree to obey all applicable laws governing control and custody of the dog, including leash laws and barking control. An approved "bark control" collar is acceptable if Crossroads is notified prior to application. We do not advise the use of a shock collar.  Yes  No

I agree to not keep the dogs on leased or rented property where a "No Pets" policy is in force.  Yes  No

I agree to provide adequate fresh food and water, clean and dry shelter and daily exercise. I agree to keep the dog in a clean, secure, fenced in yard or large kennel or indoors (crating optional). I agree to provide outdoor exercise frequently. I can request a crate from Crossroads K9 Rescue for the dog, but it remains property of the rescue and will be returned once foster care is completed.  Yes  No

I agree to keep the rescue-provided collar, rabies tag and ID tag on the dog at all times. I agree to keep the dog leashed when outdoors or in a fenced in area where the dog can not escape. If the dog does escape, I agree to notify Crossroads K9 Rescue immediately (715-432-7287 or 715-697-4332) and notify Lost Dogs of Wisconsin on possible whereabouts.  Yes  No

I will provide transportation or arrange for transportation for the dog to the nearest approved vet during an emergency. I understand that Crossroads K9 Rescue will schedule appointments, maintain communication with the vet and pay for the services. I will not accept treatment or medications not approved by Crossroads K9 Rescue. I will be responsible for treatment or medications that I accept if they are not pre-approved.  Yes  No

I agree to track required medical treatments (vaccinations, blood tests, heartworm preventative, heartworm treatment, spay/neuter, frontline administration, etc.) and contact Crossroads K9 Rescue prior to when shots, vet work or prescriptions are due. I understand that Crossroads K9 Rescue will provide for all annual vaccines, de-worming treatments, heartworm preventative, frontline and necessary medications.  Yes  No

I agree to track all treatments on the Dog Medical Record provided in the Foster Home Folder and retain all veterinary receipts so the adoptive family will have a permanent record. I will also supply a copy of these medical records to Crossroads K9 Rescue when the dog is adopted.  Yes  No

I agree to be timely to vet appointments and Crossroads events (when applicable). I understand that missing vet appointments or arriving late can damage Crossroads relationship with the vet - a relationship established because of the vet's generosity in terms of discounted services provided.  Yes  No

I agree to bring the dog to local Crossroads K9 Rescue events whenever possible. I understand this is one of the best ways to find an adoptive home for my dog. I agree to notify SGSR if the dog is not fit to attend an event for health or behavior reasons.  Yes  No

I agree to contact or be contacted by pre-approved Crossroads adoptive families that are interested in my dog, and will arrange for visitation. I understand that the dog may only be adopted to a pre-approved SGSR adoptive home. I understand that I have the right to veto a potential adoptive home for my foster dog if I feel the home is not a appropriate fit, but will use the veto sparingly and will be able to provide a reason for the veto.  Yes  No

I will not "hold" a dog for an adoptive family without Crossroads approval.  Yes  No

I understand that I MUST disclose and accurately describe the good and bad behaviors of the dog to the adoptive family so they are not surprised when they get the dog home. I agree to keep Crossroads informed of any behaviors that develop, good or bad.  Yes  No

I understand that I will not be reimbursed for expenses related to the dog that are not pre-approved. All expenses must be approved for reimbursement.  Yes  No

I understand that items I purchase for the dog in my care that are not approved for reimbursement can be considered a donation. I agree to send receipts for these items to the Treasurer if I would like a year-end donation receipt.

Yes  No

I understand that I will need to direct any questions or concerns to Crossroads immediately if a dog needs to be removed from my home. I understand that alternate arrangements will need to be made and may not always be immediately available, at least 24 hour notice must be given.  Yes  No

I understand that if any of these conditions are not met possession of the dog will revert to Crossroads upon demand within 48 hours. I will not charge Crossroads with trespassing should they be forced to recover the dog from my property.

Yes  No

If I decide to adopt a dog that I am fostering, I agree to notify Crossroads as soon as possible, and before the dog is made available to the public for adoption and prior to any pending adoption. After I notify Crossroads of my intentions, a contract of adoption must be signed within 48 hours and adoption fees paid  Yes  No

I agree to defend, indemnify and hold Crossroads K9 Rescue harmless from all Claims, and any judgments, damages, fines, costs and expenses (including reasonable attorneys' fees) resulting there from brought or commenced by any person or entity against Crossroads K9 Rescue for the recovery of damages for the injury, illness and /or death of any person, pet or damage to property arising out of or alleged to have arisen out of (a) a failure by Foster Parent to comply with all federal, state or local laws, ordinances and regulations applicable to Foster Parent, or (b) for tort damages arising out of negligence by Foster Parent or his/her agents in performing Foster Parent duties.  Yes  No

I agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Contract and Indemnification Agreement.  Yes  No

I understand that the animal can endure periods of stress and I will watch for signs of stress; tense posture, drooling, nasal flaring, lip curling, hair standing on end, panting, lip licking, and /or pacing and will immediately remove the dog from that situation or allow the dog to calm down in a quiet environment before proceeding. I understand that putting my face or other body part in the face of the dog during a stressed moment can cause harm to myself or others and I will be fully responsible if a bite occurs.  Yes  No

I UNDERSTAND THAT THIS MEANS THAT I AGREE TO BE SOLELY RESPONSIBLE FOR THE ANIMAL(S) IN MY CARE AND FOR ANY INJURY RESULTING TO PERSON, PETS OR PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF MY DUTIES WHILE A CROSSROADS K9 RESCUE FOSTER ANIMAL IS IN MY CARE.  Yes  No

By signing this Contract, I certify that I am 18 years of age or older and have read this Contract and fully understand it and that I am not relying on any statements or representations made by Crossroads K9 Rescue or their representatives. I understand that this animal is property of Crossroads K9 Rescue and I have no decision making ability on adopter or medical issues. I understand that my signature on this document is legally binding.

Applicant Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in a Crossroads K9 Rescue animal. We will review your application and contact you with our decision.