

A New Beginning Animal Rescue Foster Application

PO Box 92 Plainview, NY 11803 516-322-5865 Fax: 516-921-6524

Name: _____

Street Address _____

City: _____ State: _____ Zip _____

Home Phone: _____ best time to call _____

Cell Phone: _____ best time to call _____

E-mail address: _____

Employer
Name: _____

Employer Address: _____

City _____ State _____ Zip _____

Employer Phone: _____ Years Worked? _____

Driver's license number: _____ State: _____

Date of Birth: _____

How did you hear of us? _____

Home Information:

Own: _____ Rent: _____ Live with parents: _____
Apartment: _____ Condo: _____ Co-op: _____ Other: _____

Do you have a roommate? _____ If so please provide name and phone number:

How long have you lived at your current address? _____

Any plans to move in the near future? _____

Do you have a yard? Yes () No () Is it fenced? Yes () No () Height: _____

The following must be completed so that we may verify that you are allowed to own pets:

If you rent, are you allowed pets? Yes () No ()

Does your rental agreement restrict the type of pet you may own by size or breed? Yes () No ()

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Landlord Phone: _____

Please list all people living in your residence:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone in your home have allergies to any animals? Yes () No ()

If yes, what specific allergies and to what animals? _____

Are all members of your household in agreement of fostering a dog? Yes () No ()

Why are you choosing to foster? _____

Do you or does anyone in your home smoke? _____

Who will be the primary caregiver of this animal? _____

How long will your foster be left alone on average day? _____

Will anyone else be participating in caring for your foster dog? _____

Is anyone in your home fearful of animals? _____

Are you willing to crate train your foster animal? Yes () No ()

Are you willing to take your foster animal to vet appointments, spay/neuter appointment or other treatments or be available to allow another rescue member to pick up and deliver back your foster? Yes () No ()

Please list all animals currently in your home: (type, breed, age, any special conditions)

Will you be intergrading your foster with your other pets? _____

Do your animals get along with other animals? _____

Would you allow a representative from the rescue visit your home? _____

Where would the foster be spending the majority of his/her time?

Day: _____ Evening: _____

Please list the name and phone numbers of two references (non-family) for us to contact as a reference.

Please provide your veterinarian information including name and phone number and the name of pets he has cared for. If no current vet please give last vet used and approximate date last seen.

Foster families accept all liability for personal injuries and/ or damages caused by a rescue dog. Volunteers agree by signing below that working with animals is unpredictable and the utmost caution must be taken in caring for foster animals. While the animal is living with a foster family it will remain the property of the rescue, A New Beginning Animal Rescue Corp. , therefore, all final decisions regarding the welfare of the animal will be the responsibility of this rescue. By submitting this application for consideration, you agree to abide by the policies and procedures of our rescue .

Thank you for your application and considering taking a foster into your care.

Signed: _____ Date: _____
