



## Be Their Voice Rescue, INC. FOSTER APPLICATION

### Foster's Information

Name:		DOB:
Street Address:		
City, State, Zip:		
Driver's License #:		State:
Email:		
Phone: (H)	(C)	(W)
Person to contact in case of emergency:		
Name:		Phone:

### Living Arrangements

Do you:

- Own Home
- Own Apartment
- Rent Home
- Rent Apartment
- Other

If renting, please provide landlord's name & phone:

Do you have a fenced in yard:

Type of fence:

Are there any slats/openings that could allow a small dog to get in/out?

Please list all persons living with you: (if none, write n/a)

Name:	Age:	Relationship:

Is everyone in your home aware that you have applied to foster?

- Yes
- No

Is everyone agreeable to having a foster at home?

- Yes
- No

If no, please explain:

### Animal Care

Please list all animals living with you: (if none, write n/a)

Name:	Age:	Breed:	Date of last vaccinations:

Veterinarian Name and Phone #:

Hours per day that foster(s) will be left alone:

During the week:

- Less than 4 hours
- 4-8 hours
- 8-10 hours
- More than 10 hours

During the weekend:

- Less than 4 hours
- 4-8 hours
- 8-10 hours
- More than 10 hours

While left alone, foster(s) will be:

- Individual crate
- Shared crate
- In a restricted area of home
- Free to roam
- Other (please explain)

Do you understand that sometimes a complete history and temperament of a rescue dog may not be known?

- Yes
- No
- I only want to foster a dog with a known history

Are you able to transport foster to vet and adoption events:

Yes

No

Do you have any concerns about fostering? If so, please explain:

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, that I am not the rightful owner of the dog and any medical decisions/rehoming decisions will be made by Be Their Voice, Inc. (BTV). I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate termination of the foster contract and the foster dog to be returned. BTV shall be held harmless from and against any and all claims and damages of every kind, for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer (foster) under this agreement, including claims and damages arising in whole or part from the negligence of BTV. I agree to notify BTV of any injuries such as illness, escapes, injuries or any concerns pertaining to my foster as soon as possible. **Note: We do NOT cover emergency hospital visits. All dogs must be seen by our Veternerian during working hours or we will NOT cover the bill. If there is an emergency after hours you will be responsible for the charges.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_