



Road Trip Home Animal Rescue

PO Box 372 Acworth, GA 30101

Foster Program Application

Name: _____ Home Address: _____
 Phone No(s): _____ (H) _____
 _____ (C) Email: _____
 _____ (Other) Other Caretakers in the Home: _____
 Best Call Time: _____

General Inquiries

- 1) What type of residence do you currently live in?
 House Apartment Condo/Townhome
 Trailer Other: _____
- 2) Do you Rent or Own?
 If you rent does the lease allow pets? Yes No
 Have you already paid a pet deposit? Yes No
- 3) How long have you lived there? _____
- 4) How many times have you moved in the past 5 years? _____
- 5) Do you have a fenced in yard? Yes No
 If so, what kind of material and how tall? _____
- 6) How many people currently live in the household? _____
- 7) Are there any children in the house? Yes No
 If so, how many and what are their ages? _____
- 8) Is everyone currently residing in your household aware you have chosen to foster a dog? Yes No
- 9) Are there any pets in the household? Yes No
 If so what are their species, breeds & ages?
 a) Name: _____
 Breed: _____
 Cat Dog Bird Other: _____
 Age: _____ Sex: _____ Spay/Neutered
- b) Name: _____
 Breed: _____
 Cat Dog Bird Other: _____
 Age: _____ Sex: _____ Spay/Neutered
- c) Name: _____
 Breed: _____
 Cat Dog Bird Other: _____
 Age: _____ Sex: _____ Spay/Neutered
- 10) Where will the foster animal stay....
 a) While you are in the house?
 In crate Outside in fenced yard while monitored Single Room
 In xpen Outside in fenced yard unmonitored Free Run of Home
 Garage Gated into a specific room (i.e. Kitchen)
 Basement Other: _____
- b) While you are out of the house or at night?
 In crate Outside in fenced yard while monitored Single Room
 In xpen Outside in fenced yard unmonitored Free Run of Home
 Garage Gated into a specific room (i.e. Kitchen)
 Basement Other: _____
- 11) What kind of training/discipline do you use and/or believe in?
 Positive Reinforcement Spray Bottle Treats Crates
 Non Aggressive Verbal Aggressive Verbal Swatting
 Choker Collars/Chains Locking Dog in Room (i.e. garage)
 Other: _____
- 12) Are you willing and able to complete the following while the animal is in your care take your foster dog to Lake City Animal Hospital in Acworth 2 days prior to the transport date so the veterinarian can complete a Health Certificate? Yes No
- 13) Have you ever fostered an animal before? Yes No
 If so through what rescue program? _____
- 14) How did you hear about Road Trip Home Rescue?
 Lake City Animal Hospital Staff Family / Friend
 Etowah Valley Humane Society Staff Facebook
 Road Trip Home Website Twitter
 EVHS or LCAH Website Ads / Fliers
 By a RTH Volunteer RTH Forum
 Another Shelter/Rescue: _____
 Other: _____
- 15) Are you willing to allow a staff member or volunteer of Road Trip Home Rescue to complete an inspection of your home as needed?
 Yes No

****If more continue on space on back of form, thank you****

Ownership History

19) Have you ever owned a dog before that is NOT listed on page 1 of this application? Yes No

If so please complete the following:

Name: _____

Breed: _____ Age: _____ (current or at passing) Sex: _____

Spayed / Neutered? Yes No Is this canine still with you? Yes No ***If not please list reason below***

Belonged to another resident Aggression Issues Allergy Issues Marriage Birth
 Shelter Turn In Medical Issues (not able to afford treatment) Medical Issues (Personal)
 Canine Passed Away
If passed away please state reason:_____

Name: _____

Breed: _____ Age: _____ (current or at passing) Sex: _____

Spayed / Neutered? Yes No Is this canine still with you? Yes No ***If not please list reason below***

Belonged to another resident Aggression Issues Allergy Issues Marriage Birth
 Shelter Turn In Medical Issues (not able to afford treatment) Medical Issues (Personal)
 Canine Passed Away
If passed away please state reason:_____

Name: _____

Breed: _____ Age: _____ (current or at passing) Sex: _____

Spayed / Neutered? Yes No Is this canine still with you? Yes No ***If not please list reason below***

Belonged to another resident Aggression Issues Allergy Issues Marriage Birth
 Shelter Turn In Medical Issues (not able to afford treatment) Medical Issues (Personal)
 Canine Passed Away
If passed away please state reason:_____

Name: _____

Breed: _____ Age: _____ (current or at passing) Sex: _____

Spayed / Neutered? Yes No Is this canine still with you? Yes No ***If not please list reason below***

Belonged to another resident Aggression Issues Allergy Issues Marriage Birth
 Shelter Turn In Medical Issues (not able to afford treatment) Medical Issues (Personal)
 Canine Passed Away
If passed away please state reason:_____

"Helping pets find their way home no matter how far the journey..."

References

Please list two references (outside of your own home):

1) Name: _____ Relationship: _____
Phone: _____ Best Time to Contact: _____

2) Name: _____ Relationship: _____
Phone: _____ Best Time to Contact: _____

Please list current veterinarian information if applicable:

Name of Clinic: _____
Address: _____ Phone: _____
Veterinarian's Name: _____ Fax: _____
Email: _____

Please list any specific questions and/or concerns about our program:

Final Agreement

By signing below I understand I am stating that all information provided on this form is truthful and accurate to the best of my knowledge.

_____ I understand that by agreeing to foster an animal through the Road Trip Home Animal Rescue that I am required to follow their standards and policies to the best of my ability while their animal is in my care. I am acknowledging that I have been made aware either verbally or in written format of these general standards and policies at the time of signing.

_____ I understand that while a foster animal is in my care that any necessary medical treatment will be handled at the veterinarian of Road Trip Home's choosing.

_____ I understand that if by any chance I build a special bond with any animal I am fostering I will still return it to Road Trip Home no later than the date of the assigned transport and understand that Road Trip Home does not allow for local adoptions.

_____ I understand that foster animals have unknown backgrounds and unknown health histories. I am taking a foster animal into my house at my own risk. Road Trip Home is not physically or financially responsible for any illness, injury or death inflicted on my personal animals by the foster animal. I will take extreme caution when introducing the foster animals to my personal animals and my children and other family members.

_____ I understand fully that any falsification of information provided or major violations of Road Trip Home Animal Rescue's policies and procedures are cause for termination of my role as a foster home. I also understand that any violations of state or federal laws especially in regards to the treatment and/or care of animals will not only terminate my role as a foster home but also be reported to local authorities.

_____ I understand that Road Trip Home reserves the right to move an animal to another foster home as we see fit.

_____ I understand that I may not directly contact the northern partner shelter. If I am wanting an update on my foster animal, I will go through my Road Trip home representative.

Foster Volunteer's Signature

Date