



Foster Application

Thank you for your interest in becoming a foster home with Save the Giants Rescue. Please answer the following questions to the best of your ability. Form must be filled out in its entirety.

Basic Information:	
Applicant Name:	Occupation:
Co-Applicant Name:	Occupation:
Email (Applicant):	Email (Co-Applicant):
Phone:	2 nd Phone:
Address:	City, State & Zip:
How did you find out about Save the Giants rescue?	

Interests: In what way(s) would you like to volunteer with our organization? (Check all that apply):
<input type="checkbox"/> fostering <input type="checkbox"/> home checks/home visits <input type="checkbox"/> newsletters & press releases <input type="checkbox"/> adopter research (veterinary / reference checks) <input type="checkbox"/> transporting dogs or supplies <input type="checkbox"/> training <input type="checkbox"/> administrative / clerical tasks <input type="checkbox"/> accounting <input type="checkbox"/> education & outreach <input type="checkbox"/> medical team & vet relations <input type="checkbox"/> graphic design & web content <input type="checkbox"/> networking <input type="checkbox"/> planning events <input type="checkbox"/> bookkeeping <input type="checkbox"/> fundraising <input type="checkbox"/> attending events <input type="checkbox"/> sewing / arts & crafts <input type="checkbox"/> other (describe): <input type="checkbox"/> grant-writing <input type="checkbox"/> setting up vet/vendor partners
<p>Please list or describe any other experience / skills that would lend to your volunteer position, including previous foster experience.</p>



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Household & Care Information:				
How long have you lived at this residence? Years: _____ Months: _____				
Do you: <input type="checkbox"/> rent <input type="checkbox"/> own (If you rent, you must provide a letter from your landlord stating you are able to have the type of dog you are looking to foster, including any age, weight or breed restrictions)				
What kind of fence does your yard have? <input type="checkbox"/> No private yard <input type="checkbox"/> Yard but no fence <input type="checkbox"/> 6' wood privacy fence <input type="checkbox"/> Invisible/underground fence <input type="checkbox"/> Ranch Rail – Horse/perimeter fence <input type="checkbox"/> Other (please describe): _____				
How high is your fence at its lowest point?				
Is everyone in your household aware of and on board with your intentions to foster a dog? <input type="checkbox"/> yes <input type="checkbox"/> no				
Please list everyone living in your household including yourself:				
Name	Age	Relationship		
		SELF		
Please list all animals currently living on the property and/or in the home:				
Name	Age	Spayed/Neutered	Species	Breed(s) (if applicable)
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no		
Please list any <i>additional</i> pets you have owned within the last 5 years and what happened to them:				
Name	Age	Species	Breed(s)	What happened to them?
Have all of your pets been around another dog before? <input type="checkbox"/> yes <input type="checkbox"/> no				
How do you think your pets will adjust to a new dog in the home? Explain:				
Have you ever adopted a pet from a rescue or shelter before? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever surrendered a pet of your own to a shelter or rescue? <input type="checkbox"/> yes <input type="checkbox"/> no				
Explain:				



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Household & Care Information (continued):	
How many hours per day will your foster dog be home alone? If this varies, please explain:	
Where have your current or previous dogs attended obedience training? Please describe any training methods / theories you use/practice.	
In case of a medical emergency, who is your nearest ER vet? Please list clinic name & address:	
Who will care for your current dog and/or foster dog when out of town and/or in case of emergency? (If this person/facility is not listed as a reference please provide name & number.)	
Who will be responsible for caring for your foster dog?	

References	
Please provide one veterinary reference* and two references that we may contact who are not relatives.	
Vet Reference (*Please list either your current vet or the vet who can verify your pets' medical history)	
Clinic Name:	Veterinarian:
Phone:	Email:
Address:	City, State & Zip:
Pets seen at this clinic:	
Personal Reference 1	
Name:	Phone:
Alternate Phone:	Email:
Address:	City, State & Zip:
Relationship:	Years known:
Personal Reference 2	
Name:	Phone:
Alternate Phone:	Email:
Address:	City, State & Zip:
Relationship:	Years known:



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Current Pets
How do you / did you house-train your current pets?
Where does your dog stay when you are at work / away from home?
When out for a walk, what type of collar / harness / leash does your dog use?
What type of food and how often do you feed your current pets?

Behavior: Some dogs in foster care have special needs. Please mark any special needs you feel you could handle:		
<input type="checkbox"/> reactivity/behavior challenges (lunging, nipping, snarling etc.)	<input type="checkbox"/> blind	<input type="checkbox"/> no cats or small animals
<input type="checkbox"/> barking	<input type="checkbox"/> amputee	<input type="checkbox"/> no other dogs in the home
<input type="checkbox"/> extremely nervous/fearful	<input type="checkbox"/> diabetes	<input type="checkbox"/> cannot be in crowded places
<input type="checkbox"/> not leash trained	<input type="checkbox"/> arthritis	<input type="checkbox"/> guarding food / toys
<input type="checkbox"/> not potty trained	<input type="checkbox"/> deaf	<input type="checkbox"/> not crate trained
<input type="checkbox"/> incontinent	<input type="checkbox"/> skin infection	<input type="checkbox"/> Surgery aftercare
<input type="checkbox"/> afraid of/cannot live with children		<input type="checkbox"/> severe separation anxiety
Do you have any experience with health/behavior issues? Please explain:		



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Please print your name and then sign below to acknowledge the following statement.

I, _____ (name), have filled out this application with the interest of becoming a foster parent for Save the Giants Rescue. The information I have provided is true to the best of my knowledge. I give permission to representatives of Save the Giants Rescue to call my references and my veterinarian and discuss my ability to care for foster dogs.

Applicant signature: _____ Date: _____

Co-Applicant signature: _____ Date: _____

Thank you for applying to be a volunteer/foster parent with Save The Giants! If you do not receive a confirmation email within 48 hours from the time you submit your application, please feel free to call us at 720.445.6911 or email us at GoBig@savethegiants.com to make sure we have received it. We will then contact you after we've spoken with your references and received the required documentation from your landlord (if you are renting your home). Please note that all foster applicants will receive a live interview and home visit before being approved to foster dogs.