

ARF's GERMAN SHEPHERD RESCUE, INC

P.O. Box 44
Lodi, WI 53555
gsd@arfrescue.com
http://www.arfrescue.com

FOSTER HOME APPLICATION

FOR AGSR USE ONLY

Date received _____ AGSR rep to process _____ visit date _____

Approved Yes No Approved with conditions, explain: _____

Reason for denial: _____

Applicant Name (full name including middle initial): _____ Month/Yr of birth: _____

Applicant Work info: where employed: _____ phone: _____ supervisor: _____

Email address: personal _____ work _____ other _____

Co-Applicant/Spouse _____ Month/Yr of birth: _____

Work phone # _____ Work hours _____

Address* _____ Home phone _____

City _____ State _____ Zip _____ Email _____

*if at present address less than 5 years list all addresses in past 10 years: _____

Do you: Own Rent How long have you lived at this address? _____

Note: When submitting this application, renters **MUST** include a letter from their Landlord stating it is acceptable to have a dog.

Cell Phone (indicate yours or partner/spouse): _____

Would you accept a foster dog...(please answer yes or No to each category):

- a. That is older than 5 years old? Yes No
- b. That has been abused? Yes No
- c. That is not proven to be reliable with children (but may be)? Yes No
- d. That has a physical handicap such as a missing leg? Yes No
- e. That is pregnant and will be whelping? Yes No
- f. That may need foster care for 2-4 months? Yes No
- g. That needs medication administered daily? Yes No
- h. That has a medical condition which requires special care (such as heartworm positive,epilepsy, etc.) Yes No
- i. That has special dietary needs (allergy dog, epi dog etc) Yes___ No___

Notes:

HOME ENVIRONMENT

Please describe the activity level of your home:

Busy – visits from friends, meetings, children, parties at home

Noisy – TV, stereo, machinery, tools, children playing, dogs barking

Moderate – normal comings and goings

Quiet – “homebodies”, few guests, few or no children

Does your home environment include much contact with grandchildren or other children as visitors? Yes No

List ALL residents of the household (any part time kids from shared custody or list if you are a foster parent):

Name	Month/year of birth	Relationship
	N/A	Applicant
	N/A	Co-applicant

Who will be the primary person responsible for the GSD? _____

Does anyone in your household have allergies to animals? Yes No Explain: _____

Do you have a completely fenced yard? Yes No

If yes, type of fence (wood, chain link, etc) _____ Height _____

If no, or it is not completely fenced, your foster dog will need to be leashed at all times out-of-doors. We do not allow fosters to have invisible fencing or zip/cable tie outs.

How many hours per day will the dog be left alone? _____

Where will you keep the dog when no one is home? (be very specific) _____

Where will the dog be during the day? (be very specific) _____

Where will the dog be at night? (be very specific) _____

How many hours will the dog be outside alone? _____

Any distractions outside your yard? Neighboring dog Loose dogs Busy Street Children

Other: Describe: _____

Do strangers or neighborhood children have access to your yard? Yes No Explain: _____

TRAINING/BEHAVIOR

Are you willing to obtain a crate/kennel and crate train the dog if necessary? Yes No

Please describe any experience you have with using a crate and crate-training:

Please describe any experience you have with training and/or rehabilitating foster dogs:

How do you plan to exercise your foster dog, how often, and how long will each exercise period last?

What kind of restraining device(s) will you use on your foster dog? (buckle collar, harness, Gentle Leader, prong collar, choke collar, etc)

What is your definition of disciplining a dog?

What will you do with the foster dog if you need to travel, for business or personal reasons?

How do you plan to prevent behavior problems such as alpha role, barking, chewing, digging, etc? Discuss:

Describe your experience in preventing behavior problems such as alpha role, barking, chewing, digging, etc:

What will be your response when your foster GSD makes a mistake?

Some rescued German Shepherds have separation anxiety, fearfulness or dominant "alpha" behavior. Do you have any experience in these areas, and would you be willing to work with a dog like this? Explain:

Please describe, in detail, any personal training you have done with your own dogs: _____
List titles, ribbons or levels of training completed, along with name of the training facility and/or instructor under which the training was taken: _____

Describe any pet ownership laws in your area that you're aware of:

What is the legal dog or pet limit per household in your area?

Would you be willing to take a foster dog to obedience training or to obedience train him yourself? Yes No

Have you had any complaints about your pets from others? Yes No Describe:

Have you ever fostered a dog before? Yes No Describe:

PET EXPERIENCE

List all current pets in your household (part time as well):

Name	Type/Breed	Age	Sex	Neutered Spayed, or Intact	Dominant/Submissive/Gets Along Fine with other dogs?	Behavior Issues/how long you've owned them, where you got them from

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Would your current pets readily accept a new dog? Yes No

What would be unacceptable behavior in your home for you to want to return the foster dog?

Please list all pets owned by you since you turned 18:

Name of animal	Type/breed	Age/where kept	sex	Neutered/spayed Or intact	Why no longer with you, be specific	If pet died, list age at death and cause of death

References (list three personal references, must be non relatives and non household members who can vouch for you):

Name	Address, City, State	Phone (work, cell, home)	Email	Best time to contact	How long you've known them/ relationship to you

To complete the processing of this application, a visit to your home will need to be scheduled by a representative of AGSR. Every member of the household must be present at the time of the visit. The purpose of the home visit is to ensure the welfare of the dog, if placed in your home. **FOSTER HOME VISITS WILL ALSO INCLUDE AN AGSR REPRESENTATIVE BRINGING A DOG WITH THEM, TO SEE HOW YOU/YOUR HOUSEHOLD HANDLES/REACTS WITH A DOG YOU'VE NEVER MET BEFORE.** You agree that AGSR will be held harmless of any liability/damage to any person or property during the home visit.

Are you willing to allow an Arf's German Shepherd Rescue representative to schedule a visit by appointment? Yes No
If no, reason:

- I certify that the information I provided in this application is true and correct.
- I authorize AGSR to contact any and all references to verify the information that I have provided. By signing this application I agree to allow anyone contacted to release the requested information to AGSR.
- I am at least 21 years of age
- I acknowledge that any misrepresentation will disqualify me from approval. I also acknowledge that misrepresentation may result in removal of the foster GSD from me by AGSR. Arf's German Shepherd Rescue Inc. reserves the right to refuse or deny any application.

Applicant's Signature _____ Date _____

Printed name _____

Co-applicant's Signature _____ Date _____

Printed name _____

Please attach completed application via email and send it to gsd@arfrescue.com

Or mail it to AGSR, PO Box 44, Lodi, WI 53555. Email applications are processed when received, snail mailed versions are collected twice monthly. You will be notified via email when we receive your application and begin to process it.

Use this sheet to further explain any of your answers here: