

A Veteran's Best Friend

68 South Pine Street
Cabot, AR 72023
501-605-0124
<https://servicedog4ptsd.org>



FOSTER APPLICATION

Contact Information

Applicant Name: _____

Date of Birth: _____

Address: _____

City, State Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Home information

What type of home do you have (apartment, condo, house, ect.)? _____

Do you own or rent your residence? _____

Who else lives at your home?

Name: _____ Age: _____

Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____

Relationship: _____

Name: _____ Age: _____

Relationship:_____

Do you have a fenced yard? Yes or No

If No, where do you plan to exercise a dog?

Where would the dog be while you are away? _____

How often do you travel?

Would you take the dog with you on trips? Yes or No

Do you or any members of the household have allergies to dogs? Yes or No

If Yes, how do you plan to address this? _____

What other animals live in your home?

Type (dog, cat, other):_____ Age:_____ Spayed/ Neutered? Y / N

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Do you currently have a veterinarian you use? Yes

If yes, what is the name of your vet? _____

Name of Clinic/ Address: _____

Phone number: _____

Note: We are required to contact your veterinarian for medical history to meet the standards for our certification with Assistance Dogs International (ADI).

Employment and School Information

Are you employed? Yes or No

Name of Employer: _____

Address of Employer: _____

Work Phone Number: _____

How many hours do you work a day/ week: _____

What is your primary source of income? _____

Do you attend school? Yes or No

Name of School: _____

Address of School: _____

Phone Number: _____

How many hours are you at school a day? _____

Canine Information

If you have a dog, please provide Rabies_____ Distemper_____

Date of current vaccinations Parvovirus_____ Hepatitis_____

Is your dog spayed/neutered? Yes or No

Are you able to handle a dog on your own? Yes or No

Can you feed a dog on your own? Yes or No

Can you walk a dog on your own? Yes or No

Can you groom a dog? Yes or No

If No to any of the above, who would help you with a dog?

*Can you verbally communicate with a dog? Yes or No

*Can you give hand signals to a dog? Yes or No

*An adoption candidate must be able to communicate with the dog either

verbally or using a signed language.

Where do you plan to house a dog (in your home, outside, garage)?

What is your experience with training and dog care? _____

Have you ever been investigated for animal neglect or cruelty by a humane organization? Yes or No

If “yes,” please explain _____

Why do you want to foster a dog?

Please provide two character references from non-relatives:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

What are the next steps?

1. We will contact your veterinarian to verify your past history with your previous/present animals.
2. We will contact your 2 personal references.
3. We will make a home visit to make sure your home is safe to foster a dog.
4. You will be contacted as this verification process is done and also contacted when it is finished to advise you of the results of your application.

If you foster a dog with A VETERAN’S BEST FRIEND and you are unable to care for it or it does not fit with your family, you are required to contact us and return the dog to us. Do not sell, trade, or give this dog to any other person. It must be returned to A VETERAN’S BEST FRIEND.

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions honestly and completely can result in this application being denied. Also, if an omission or untruth is discovered after an adoption takes place, I understand that A VETERAN'S BEST FRIEND reserves the right to annul the adoption and reclaim the animal. I give A VETERAN'S BEST FRIEND permission to fully investigate the information provided including permission to contact references I have listed. If the application passes this review, I agree to a home and yard visit at a mutually agreed upon date and time by A VETERAN'S BEST FRIEND volunteer before an adoption decision is made.

In addition, I understand that the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received for this animal. I understand it is A VETERAN'S BEST FRIEND's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not contest their decision. Unless otherwise indicated by A VETERAN'S BEST FRIEND, I will be free to apply and undergo the application process again in the future.

All adults (persons 18yo+) who live in the household must sign below.

Signature: _____ Date: _____

Printed Full Name: _____

Signature: _____ Date: _____

Printed Full Name: _____

Signature: _____ Date: _____

Printed Full Name: _____

Signature: _____ Date: _____

Printed Full Name: _____

For Office Use Only:

Received Name: _____ Date: _____

Meeting Location: _____ Date: _____

Home Visit Name: _____ Date: _____

Reference Check Name: _____

Date: _____

Approved Name: _____

Date: _____

Follow-Up Name: _____

Date: _____