

P.O. Box 94 | Meadowlands, PA 15347 390 Old Hickory Ridge Road | Washington, PA 15301 724-229-7053 | www.angelridgeanimalsrescue.org

Date:	 	
Dog:	 	

Breed:_____

Sex:____ Age: ____ ID_____

DOG FOSTER-TO-ADOPT APPLICATION

		Fee:	
ADOPTER INFORMATION			
Name:	Tel:	Cell: _	
Address:			
City:			
Email:	Driver's Lic. #		I am over 21: O NO O YES
Employed by:	Supervisor's Phone	:	
Occupation:	Hours a	at Work Per Wee	ek (If Employed):
OTHER RESIDENTS' INFORMATION	N		
Spouse/Partner/Roommate:	Оссир	oation:	
Hours at Work Per Week: How m	any adults live at home: Chi	ldren at home: _	Ages:
Have they lived with dogs? ○ NO ○ YES	S Describe any problems:		
Is anybody in the home allergic to dogs:	ONO OYES		
PERSONAL REFERENCES (THR	EE)		
Name:	Relationship:	Tel	:
Address:	City:	State	_ Zip:
Name:	Relationship:	Tel	:
Address:	City:	State	_ Zip:
Name:	Relationship:	Tel	:
Address:	City:	State	_ Zip:
VETERINARIAN INFORMATION	[Current Vet:	Future Vet	::]
Name:	Clinic/Office:		_ Tel:
Address:	City:	State	Zip:
PLEASE DESCRIBE YOUR EXPERI	ENCE WITH DOGS		
Why do you want a dog?			
Why did you choose this dog or breed? _			
Have you owned this breed mix? O NO	O YES Can you commit to care fo	r the dog's entire	e life? O NO O YES
Have you had a dog that did not work out	in your home? O NO O YES Wh	nat happened to	it?
Have you owned a dog in the last 10 year	rs? O NO O YES What happened	to them?	
Does your family have sufficient time and	resources to meet this new dog's r	needs? O NO C	YES

OTHER PETS

How many dogs do you have?	Breed Mix:	Ages:
Where did you get them? O Breeder C	Pet Store O Inherited O St	ray Other (describe):
O Adopted from shelter/rescue (Which	one):	
Describe current dog's physical / beha	vioral problems:	
How many cats do you have?	Age:	s: Declawed: O NO O YES
Any behavior problems?		Have they lived with dogs? O NO O YES
Please list any other pets in the home:		
YOUR HOME		
Type of home: O Apartment O Townl	nouse O Duplex O Single	Family O Mobile Own or rent?
If you rent, do you have written permis-	sion from your landlord to ha	ve a dog? ○ NO ○ YES
Landlord's Name:		Tel:
Yard: Fully Fenced: ○ NO ○ YES	Fence Height: Is	any of the yard fenced? Front: Back:
Are there any community restrictions o	n dogs? ○ NO ○ YES (deta	ail)
THE DOG'S LIFE		
Where and for how many hours will yo	ur new dog spend his/her da	ys? (Indicate number of hours on all that apply)
Hrs. in Secure Room Hrs.	Crated Hrs. O Finish	ed ○ Unfinished Basement Hrs. Garage
Hrs. Porch Hrs. Yard _	Hrs. Tied outside	Hrs. Dog House Hrs. Kennel Run
Other Area::		
Where and for how many hours will yo	ur new dog spend his/her niç	ghts? (Indicate number of hours on all that apply)
Hrs. in Secure Room Hrs.	Crated Hrs. O Finish	ed ○ Unfinished Basement Hrs. Garage
Hrs. Porch Hrs. Yard _	Hrs. Tied outside	Hrs. Dog House Hrs. Kennel Run
Other Area:		
Add any additional information you wo	uld like us to know:	
What activities do you plan for your do	g? (check all that apply)	
O Daily Walks O Jogging O Swimmi	ing ○ Dog Park ○ Dog Day	r Care ○ Other (specify)
		ype of training?
-		/ho, When)?
How will your dog be cared for when ve	ou are on vacation?	-

HOME VISIT

O I agree to allow an Angel Ridge representative to visit my home by appointment, if necessary.

Foster-to-Adopt Agreement

In consideration of this opportunity to volunteer as a foster parent, I agree to the following terms and conditions, intending to be legally bound by them:

- 1. I will abide by the mission rules, regulations, policies and programs of ARAR while I am a volunteer.
- 2. If I stop being a volunteer for ARAR for any reason, or upon ARAR's request at any time, I will promptly return all of ARAR's supplies, equipment, records, moneys, and other items in good, clean condition. If I am fostering an animal through ARAR and, for whatever reason, I am asked to return the animal to ARAR, I agree to return the animal immediately to ARAR or any person designated by ARAR.
- 3. I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs and puppies in connection with my volunteer work for ARAR. ARAR is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for ARAR. I will indemnify, defend and hold ARAR harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for ARAR, or my breach of ARAR's rules, regulations, policies and programs.
- 4. I understand and agree that ARAR may refuse volunteer applications for any reason.
- 5. If I will be sheltering or providing foster care or boarding any of ARAR's animals in my home or business, I consent to ARAR visiting my home or business from time to time to observe the animals in their living quarters.
- 6. As a Fosterer/Volunteer through ARAR I/we hereby forever release, discharge and covenant to indemnify and hold harmless ARAR, and any other person, organization, firm or corporation charged or chargeable with responsibility or liability for any and all claims, damages, costs, expenses, loss of services, actions and causes of action arising out of any act or occurrence related to volunteer activities with, or fostering an animal through ARAR. This Indemnification shall apply to the Fosterer/Volunteer, their heirs, administrators, executors, successors and assigns.
- 7. In the event that, while fostering a dog or puppy through ARAR, I wish to adopt the dog or puppy, I agree to complete and submit the ARAR Adoption Agreement and further agree that I will have no ownership interest in the dog or puppy until such time as the Adoption Agreement is approved and accepted by ARAR.
- 8. I have accurately and truthfully completed this Volunteer Application and Agreement.
- 9. Any Modification to this Agreement must be in writing signed by both parties. This Agreement is binding upon ARAR, me and ARAR's and my respective heirs, successors, assigns, executors and personal representations.
- 10. In the event that the dog has any medical problem or injury during the FTA period, you agree to contact us immediately. At our discretion, we will take the dog back to ARAR for treatment, or seek appropriate veterinary care. If you choose to take the dog to a veterinarian during the FTA period, you will be solely responsible for the charges. The adoption counselor will provide you with an emergency contact phone number.

ARAR Indemnification Agreement

I agree to indemnify and hold harmless Angel Ridge Animal Rescue (ARAR), its Officers, Directors or Members, Agents and Representatives, for all manner of actions and causes of actions, suits, debts, dues, accounts, bonds, covenants, contracts, agreements, judgments, claims and demands whatsoever, arising out of my possession and placement of this dog. In addition, ARAR cannot be held responsible for the conduct, behavior or disposition of this dog after placement.

Angel Ridge Animal Rescue has undertaken no investigation with regard to the history or physical condition of this dog and makes no warranties or guarantees, express or implied, with regard to this dog, its background, suitability or compatibility.

All information provided in this application is true and correct. If any information changes, I/we will advise you promptly.

Foster/Adopter Signature:	Date:	
Foster/Adopter Signature:	Date:	
ARAR Representative Signature:	Date:	