



FOREVER FRIENDS GREAT DANE RESCUE FOSTER APPLICATION

Fostering is the ultimate commitment. When you foster with FFGDR, you're opening your home, and your heart, to a dog that might need training, medical care, love, or just simply a quick layover to finding their forever family.

Our foster program provides surrendered dogs with a loving home that can tend to their medical needs while evaluating their temperament and behaviors. This allows us to make knowledgeable matches with adopters based on each dog's specific needs.

The length of time a dog is in foster care varies based on the dog's medical and behavioral needs. A foster home must be able to make the commitment to see each of their foster dogs through their care regardless of the length of time in which we get to make an impact in their lives.

Fostering is not a "fast track" to adoption. If you foster a dog with the intention of bypassing our standard adoption process, you will find that this is not permissible. Foster homes must go through the same process and meet the same criteria as our adopters.

THINGS TO CONSIDER WHEN FOSTERING :

- Daily care of the foster Great Dane (exercise, medicating, feeding, grooming, basic obedience commands).
- A fenced yard is preferred, but not necessary.
- Being employed full-time or part-time still provides a quality environment for the dog.
- We cover all medical costs – things like toys and quality food are your responsibility.
- Be prepared to reinforce basic obedience commands (sit, stay, no jumping, potty training, and basic canine socialization).
- You'll become attached – but know that your foster dog's next home will love them just as much as you; forever.

Please complete the following application, save it with a meaningful name (for example: Foster Application – John Doe), and then email it to foreverfriendsgdri@gmail.com.

ABOUT YOU

Your Name _____ Email _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State _____ Zip Code _____

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PERSONAL REFERENCES

Please list two personal references that (must meet **all** the criteria below):

1. Do not live in the same home with you
2. Are **not** a family member
3. Are not your veterinarian
4. Do not work at or for your current veterinary clinic.

Personal Reference #1 Name _____

Personal Reference #2 Name _____

Reference #1 Email _____

Reference #2 Email _____

Reference #1 Phone _____

Reference #2 Phone _____

Reference #1 Relationship to You _____

Reference #2 Relationship to You _____

VETERINARY REFERENCE

Clinic/Vet Reference Name _____

Clinic/Vet Email _____

Clinic/Vet Address _____

Clinic/Vet Phone _____

Clinic/Vet City _____

Clinic/Vet State _____ Clinic/Vet Zip Code _____

CHILDREN

Do children live in the home full- or part-time?

Full-Time Part-Time No Children

Please list the name(s) and age(s) of each child living in the home full- or part-time:

Child 1 Name: _____ Child 1 Age: _____ Child 2 Name: _____ Child 2 Age: _____

Child 3 Name: _____ Child 3 Age: _____ Child 4 Name: _____ Child 4 Age: _____

Child 5 Name: _____ Child 5 Age: _____ Child 6 Name: _____ Child 6 Age: _____

Please list any other children that regularly visit (grandchildren, nieces, kids you babysit, etc.) their ages, and how often they visit:

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PROPERTY AND INSURANCE

Do you own your home?

- Rent Own

Type of Property

- House
 Condominium/Town House
 Apartment
 Duplex
 Mobile Home/Trailer

Is your back yard completely fenced in?

- Yes No No Yard

What is the height of the fence:

- 3 ft 6 ft
 4 ft No Fence
 5 ft Other (please explain) _____

Please describe the material and style of your fence
(ex. vinyl, shadowbox, chain-link)

Do you have any of the following?

- Underground fence system
 Outdoor kennel
 Dog house
 Dog Run
 None of the above

Do you have a pool?

- Yes No

Type of pool:

- In ground Above ground Covered

Please list the adults living in the home, and who they are:

Do you maintain auto insurance?

- Yes No

Auto Insurance Company's Name:

Do you carry homeowners insurance?

- Yes No

Homeowners Insurance Company Name:

Are you aware of any restrictions from your landlord or subdivision pertaining to animals living in your home, such as the following? (please check all that apply)

- Number of pets Size or weight restrictions
 Breed restrictions None
 Other (please explain) _____
- _____

If you rent and want to foster, do you have the permission of your landlord to have large dogs?

- Yes No

Landlord's Name: _____

Landlord's Phone: _____

Do you belong to a homeowner's association and if so, are you aware of any bylaws, policies, or regulations that relate to owning a pet? If so, please explain:

- Yes No

Associated bylaws/policies/regulations if yes:

Do you work outside the home?

- Yes No

Occupation: _____

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(property and insurance continued)

Approximately how many hours will the dog be left alone while you are at work _____

How long will the dog be left alone in the home, and how often does this occur? _____

Is someone home during the day?

Yes No

Is someone home during the night?

Yes No

PETS

Pet 1 Name: _____ Pet 1 Breed: _____ Pet 1 Gender: _____

Pet 1 Spayed/Neutered: Yes No Pet 1 Vaccinations Current: Yes No

Pet 1 Personality: _____

Pet 2 Name: _____ Pet 2 Breed: _____ Pet 2 Gender: _____

Pet 2 Spayed/Neutered: Yes No Pet 2 Vaccinations Current: Yes No

Pet 2 Personality: _____

Pet 3 Name: _____ Pet 3 Breed: _____ Pet 3 Gender: _____

Pet 3 Spayed/Neutered: Yes No Pet 3 Vaccinations Current: Yes No

Pet 3 Personality: _____

Pet 4 Name: _____ Pet 4 Breed: _____ Pet 4 Gender: _____

Pet 4 Spayed/Neutered: Yes No Pet 4 Vaccinations Current: Yes No

Pet 4 Personality: _____

Pet 5 Name: _____ Pet 5 Breed: _____ Pet 5 Gender: _____

Pet 5 Spayed/Neutered: Yes No Pet 5 Vaccinations Current: Yes No

Pet 5 Personality: _____

Pet 6 Name: _____ Pet 6 Breed: _____ Pet 6 Gender: _____

Pet 6 Spayed/Neutered: Yes No Pet 6 Vaccinations Current: Yes No

Pet 6 Personality: _____

Do any of your current pets live mostly outside?

Yes No

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INTERESTS AND EXPERIENCE

This application is specifically for FOSTERING. If you are interested in becoming a general volunteer, please visit the general volunteer application on our website. If in addition to fostering you are interested in other areas as well, please select from the following areas of volunteering.

What areas of volunteering are you interested in?

- Fostering
- Home Checks
- Phone Calls
- Other (please explain; examples: web design, marketing, grant writing, etc. etc.)
- Fundraising
- Reference Checks
- Transports

Explain other interests in volunteering (ex. website, design, marketing, grant writing, etc.)

What are your reasons for wanting to volunteer?

Do you have experience with giant breed dogs?

Please explain: _____

How did you hear about FFGDR?

Do you have any experience with giant breeds?

Please explain:

In the last 5 years, have you rehomed a pet?

- Yes
- No

If yes, please explain the circumstances:

In the last 5 years, have you lost a pet?

- Yes
- No

If yes, please explain what happened:

In the last 5 years, have you had to euthanize a pet?

- Yes
- No

If yes, please explain the situation:

RELEASES

By checking the Medical Release box and signing below, I certify that the information I am providing is true and correct. Additionally, I agree to call my veterinary clinic and give permission for the release of my pet's medical records to a representative of Forever Friends Great Dane Rescue, Inc.

By checking the Liability Release & Waiver, I, the undersigned, understand that Forever Friends Great Dane Rescue, Inc. does not carry liability insurance for my home or vehicle, and I agree not to hold Forever Friends Great Dane Rescue, Inc. liable for any damage caused by myself or other, the animal, to or by my vehicle while I am caring for an animal for Forever Friends Great Dane Rescue, Inc. or serving as a volunteer. I also agree to carry liability insurance on my automobile. I understand that I am a volunteer and not an employee of Forever Friends Great Dane Rescue, Inc. I realize that this/these dogs have not been totally evaluated as to temperament and relieve Forever Friends Great Dane Rescue, Inc. of any and all liability.

Should any part of this Agreement be rendered or declared invalid by a court of competent jurisdiction of the State of Illinois or the State of Indiana, such invalidation of such part or portion of this Agreement should not invalidate the remaining portions thereof, and they shall remain in full force or effect.

I AGREE TO THE ABOVE MEDICAL RELEASE

I AGREE TO THE ABOVE LIABILITY RELEASE

Signature _____

Date _____