HOMEWARD BOUND DOG RESCUE OF NEW YORK Foster Care Application

If you wish to volunteer to provide assistance for HOMEWARD BOUND DOG RESCUE OF NEW YORK, LTD. (HB) in areas of fostering, please complete this application and return it to:

HOMEWARD BOUND DOG RESCUE OF NEW YORK, LTD. P.O. Box 5783 Albany, New York 12205

I understand and agree that I am volunteering my time and services to be an HB volunteer at no cost to HB and I will not be compensated for either my time or services by HB. I also understand that I may be removed from this position at any time by the Board of Directors in their sole discretion for any reason or no reason.

Personal Information

Applicant Name:
E-mail:
Address:
Home Phone:
Business Phone:
Cell Phone:
Best time to call:
Preferred phone number for calls:
Have you ever owned dogs before? yes no
Are there children in your home?
How many? Ages
How many adults?
Do you currently own dogs? How many? What sex and ages?
What breeds?
Are your dogs spayed or neutered? yes no
What other types of animals do you currently own?

Dog Experience

The following questions help us assess your experience with dogs so that we can place an appropriate foster dog in your home. You do not need experience in all of these areas to be approved as a foster home.

Have you had experience:	crate training a dog?	obedience training a dog?
whelping a litter?	modifying behavior problems	? doing pet therapy?
training a dog for livestoc	k work?	

Please list any other experiences that you feel will be beneficial while fostering our dogs._____

Length of time you are willing to foster a dog				
Check types of confinement you can provide: crate fence kennel run dimensions of kennel	height of			
NOTE : Use of a crate is stron	ngly recommended.			
What circumstances would force you to return a foster dog in your care?				
Veterinarian Ref	erence			
Name				
Address	Stata	Zin		
City Phone		Zıp		
Personal Refer				
Name				
Address	~			
City	State	Zip		
Phone Credentials, if any (such as rescue volunteer or breede	r):			
Name				
Address				
City	State	Zip		
Phone				
Credentials, if any (such as rescue volunteer or breede	r):			
Would you be willing to let one of our representatives	visit your home by a	ppointment?		
yes no				
If not, why?				

All of the above information I have given is true and complete. I understand that it is my decision whether or not to foster any particular dog. I will not hold HB responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any dog I may decide to foster or volunteer my time to help.

Thank you for volunteering to become a foster home for HB. One of our Board Members should be contacting you shortly after receiving your application.

We look forward to working with you.

HB, AT ITS SOLE DISCRETION, RESERVES THE RIGHT TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.

Applicant Signature _____

Date: _____