



**Thunder's Angels Dog Rescue  
Harleysville, PA  
Foster Care Program Application**

**YOUR CONTACT INFORMATION:**

Name:

Street Address:

City:

State:

Zip

Phones:      Home:

                Cell:

Email Address:

Have you fostered before?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, for which organization(s)? \_\_\_\_\_

If yes, what types of animals (and how many) did you foster?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the outcome? \_\_\_\_\_

**YOUR RESIDENCE:**

How long have you lived at your current residence? \_\_\_\_\_ years \_\_\_\_\_ months

Are you currently allowed to house animals? Yes \_\_\_\_ No \_\_\_\_

Are there any restrictions on the type, number, or size of animals you are permitted to house?

Yes \_\_\_\_ No \_\_\_\_

Currently: Rent \_\_\_\_ Own \_\_\_\_

If you own, whose name is the Deed in?

\_\_\_\_\_  
\_\_\_\_\_

If you rent, please provide your landlord's name and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Please describe the type of home you live in: (for instance, apartment, condo, townhouse, mobile home, single, twin, estate, etc) \_\_\_\_\_

Please describe, *in detail*, the exterior of your home: (cul-de-sac, yard, patio, any nearby roadways, suburban, urban, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A home inspection may be conducted prior to your fostering term. Would you be okay with this? Yes \_\_\_\_ No \_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a pool? Yes \_\_\_\_ No \_\_\_\_

Is it in-ground? Or above-ground? \_\_\_\_\_

Is there fencing surrounding the pool? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

Do you or does anyone else smoke inside of your home? Yes \_\_\_\_ No \_\_\_\_

**YOUR FAMILY:**

Who will be the primary caretaker of the foster dog(s)? \_\_\_\_\_

How many adults are in your home? (**Please include yourself**)

Adult #1:

Name:

Age:

Relationship to you:

Employment status:

Name of employer:

Current position:

Years with this employer:

Adult #2:

Name:

Age:

Relationship to you:

Employment status:

Name of employer:

Current position:

Years with this employer:

Adult #3:

Name:

Age:

Relationship to you:

Employment status:

Name of employer:

Current position:

Years with this employer:

*(^Please add additional pages for additional family members if necessary^)*

How many children are in your home? \_\_\_\_\_

Name	Age	Relationship to you?	Live with you full time? Part time? Weekends only?

Please list all animals currently living in your household:

Type	Sex	Age	Spayed/Neutered?	Where are they kept? In/out?

Please list all pets that have lived in your household in the last 10 years:

Type	Sex	Age	Spayed/Neutered?	What happened to them?

Do your current pets get along with dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe where you will keep your foster dog when you are home:

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Please describe where you will keep your foster dog when you are not home:

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Will the dog regularly be:

- Within physical fence?  
Yes \_\_\_ No \_\_\_ If yes, approx how many hours per day? \_\_\_\_\_
- Tied out?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, approx how many hours per day? \_\_\_\_\_
- Within electrical fence?  
Yes \_\_\_ No \_\_\_ If yes, approx how many hours per day? \_\_\_\_\_  
Was the electric fence professionally installed? Yes \_\_\_ No \_\_\_  
If yes, by whom? \_\_\_\_\_
- Leash walked?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, approx how many hours per day? \_\_\_\_\_
- Other?  
Please explain:

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Where will your foster dog sleep at night? \_\_\_\_\_

How many hours a day will your foster dog be left alone? \_\_\_\_\_

What would you describe as unacceptable behaviors in your foster dog:

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What would you do if your foster dog displayed these behaviors?

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Do you understand that your foster dog may not be housetrained upon arrival?

Yes \_\_\_\_ No \_\_\_\_

Do you understand that your foster dog may not have leash manners upon arrival and may need help with basic obedience training? Yes \_\_\_\_ No \_\_\_\_

Would you be willing to bring your foster dog to weekend adoption events on an ongoing basis? Yes \_\_\_\_ No \_\_\_\_

Please describe any formal or informal experience or training you have had with animals: \_\_\_\_\_

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Please list a veterinarian that you have a good working relationship with (we will be calling for a reference):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please give a brief description of why you want to volunteer your services to Thunder's Angels Dog Rescue: \_\_\_\_\_

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Would there be any other volunteer services you would be willing to provide?

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Thunder's Angels Dog Rescue runs a foster care program for dogs that have been saved from a cruel death in a gas chamber. These dogs are pulled from rural shelters and transported to our area to be adopted into caring homes throughout the Northeastern United States. Some animals are not immediately adopted and are in need of a temporary placement before their official adoption is complete. I understand that that Thunder's Angels Dog Rescue may not have evaluated this dog or know his/her history and that Thunder's Angels makes no claims as to the temperament or health of the animal. I further understand that this dog(s) is in my care *temporarily*, and is a part of Thunder's Angels Dog Rescue. I further understand that the purpose of this foster relationship is solely to provide temporary care for this dog(s) and that if I wish to adopt the animal at any point in the future, I will need to complete a formal application and review process. Any determination made about this dog(s) must be approved by the designated staff at Thunder's Angels Dog Rescue.

- I understand that when the animal is ready for adoption, I will surrender him/her back to Thunder's Angels Dog Rescue for placement. I understand that all dogs fostered by foster parents are a part of Thunder's Angels Dog Rescue and are subject to the same guidelines as any other adoption. Foster parents are encouraged to assist in the placement process, but the designated Thunder's Angels Dog Rescue staff members will make the ultimate decision on finalizing adoption.
- I understand that some dogs will take longer to adopt than others and therefore the dog(s) may be in my care for an indefinite period of time.
- If asked, I agree to attend a volunteer orientation meeting, and thoroughly read the Thunder's Angels Dog Rescue foster handbook.
- I understand that as a foster parent I will need to provide food, water, toys and supplies for the animals in my care. Further, I understand that Thunder's Angels will pay for medical care but that I will be responsible for transporting the animal to and from veterinary appointments. I also agree that should a medical emergency occur, I will immediately notify Thunder's Angels by phone at the number provided to me during my Foster Parent Orientation meeting.
- I agree to abide to the policies and procedures set forth in the foster handbook, and by Thunder's Angels Dog Rescue staff. Not following the

policies and procedures may result in discontinuance from the foster care program.

- I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application. I acknowledge that this application will remain the property of Thunder's Angels Dog Rescue.
- I acknowledge that filling out this application does not guarantee admittance into Thunder's Angels Dog Rescue foster program and does not approve me for adoption of any animal.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_