



The Sweet Life Animal Rescue
310 Dimmock Hollow Rd, Morris NY 13808
TheSweetLifeARNY@icloud.com
Cell 239-201-7678

Foster Application

Foster care is temporary care provided by responsible, compassionate and caring adult volunteers for SLAR cats and dogs until they can be adopted to quality homes. Providing a good home environment with proper socialization, exercise and loving care gives our foster animals a better chance of being placed more quickly. Foster care can also be end of life care for our medical cases.

We do not operate a shelter and rely on our foster homes for the success of our rescue and adoption program. Being able to place dogs and cats in foster homes allows us to increase the number of animals we can save.

Please print CLEARLY:

Name _____

Mailing Address _____

Physical Address _____

Telephone (Home / cell) _____

Your email address _____ Are you 18 or older? Yes No

I have a current & valid driver's license from (state) _____ (please attach copy)

Number of adults in your household _____ Ages _____

Number of children in your household (if any) _____ Ages _____

Do you own or rent the home in which you live? Own Rent

If renting, are you allowed pets? Yes No

Are there restrictions on number/breed/size of animals? Yes No

If yes, explain _____

Landlord's name and phone number _____

Describe your yard: No yard Unfenced Partly fenced Completely fenced

Fence height / lowest point: _____ feet How big is the fenced area? _____

Made of Chain Link Wood/Vinyl Block Other _____

Does anyone in your household have allergies that could affect fostering of pets? Yes No

Do you presently own pets? Yes No

If yes, please list breeds & ages:

Dogs _____

Cats _____

Other pets (birds, etc) _____

How many other pets? _____

Are your pets spayed or neutered? Yes No

If no, why not? _____

Are your pets vaccinated? Yes No

If no, why not? _____

SLAR requires all animals currently residing in your household to be vaccinated. You may be asked to provide proof of vaccination records.

List any medical issues of your current pets: _____

Your veterinarian's name and phone no. _____

Please describe briefly why you would like to be a foster parent:

Type of Animal preferred: Dog Cat

Have you fostered cats or dogs before? Yes No

If yes, for what foster care program? _____

Please describe your level of animal handling experience:

Puppies & Dogs: _____

Kittens & Adult Cats _____

Have you cared for an animal with medical needs? Yes No

If yes, please describe _____

Are you able and willing to foster animals:

- with Medical needs Yes No - Requiring Hospice Care Yes No

if yes, explain experience and limitations: _____

- Behavioral needs Yes No

if yes, explain experience and limitations: _____

Will you be able to separate foster animals from your own animals should the need arise? Yes No

How many hours during each work day will a foster dog be without direct care? _____

Where will a foster dog stay while you are at work or when you are not home? _____

Where would a foster dog sleep at night? _____

What is the maximum time you are able to foster _____

If there is a time limit, please explain _____

Will you be able to transport your foster pet to/from pet adoptions/other events and vet? Yes No

Do you have any objections to SLAR / representative conducting an on-site visit to your home where the foster animal(s) will be kept? Yes No

Are you able and willing to follow instructions? Yes No

SLAR requires two references from people who are not family members or living with you.

Name: _____ Relationship: _____

Phone number: _____ Email: _____

Name: _____ Relationship: _____

Phone number: _____ Email: _____

SLAR will provide food, litter, crates, bedding, toys and other items as needed for the animal while it is in your care at home. The foster parent is responsible for transporting the foster animals for vet appointments as required.

You will be expected to keep the foster animal safe and secure; return it to SLAR when requested to do so; not promise the animal to anyone or imply that you have the authority to approve a potential adoption. SLAR retains ownership of all animals placed in foster care and will make all decisions regarding the adoption and placement of the animals fostered.

Foster services performed by an individual are voluntary and are without any express or implied promise of salary, compensation, or payment of any kind.

I have read and understand the questions and statements above. I certify that all the information contained in this application is true and correct. I understand that although SLAR takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which SLAR has asked me to provide care. I acknowledge that SLAR is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury. I acknowledge that this application remains the property of SLAR.

Signature: _____ Date: _____

Thank you!

Additional info: _____
