

## **FOSTER AGREEMENT**

FILL OUT THIS FORM AND RETURN TO US AS AN EMAIL ATTACHMENT, OR PRINT AND SEND VIA U.S. MAIL.

Email forms to pawsfosters1@gmail.com. Our mailing address is

P.A.W.S. Fur the Cause Attn: Karen Mikus 2204 South Catarina Mesa, Arizona 85202

First Name:

Last Name:

Street Address:

City/State/Zip:

Cell Phone Number:

Home Phone Number:

Email Address:

Drivers License/State and Number:

Fenced in Yard: Yes / No

Own or Rent? Own / Rent

Permission from Landlord to have pet? Yes / No

Do you have provisions for the animal 9f you have to leave? Yes / No

Number of animals in household:

Dog: Cat: Other:

Are all animals altered and vaccinated?

How many household members?

Adult: Child:

Ages of children (if any) :

Size of Animal Preferred:

How Many?

## PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

Are you willing to accept a dog that needs potty training/help/reinforcement if we provide a crate and simple instructions?

Yes / No

Do you have a doggy door?

Yes / No

What size is your doggy door?

Are you willing to help teach basic training/manners to your foster dog, such as "sit", "stay", "wait"?

Yes / No

Do you agree that P.A.W.S. makes all medical and adoption decisions for our dogs?

Yes / No

Do you agree to call/email your P.A.W.S. Coordinator once a week for follow-up purposes?

Yes / No

Do you agree to NEVER take your P.A.W.S. foster to a dog park and to NEVER allow your P.A.W.S. foster dog to be off leash except in your fenced yard?

Yes / No

Do you agree to NEVER take your P.A.W.S. foster dog around any ill or un- or under-vaccinated dogs, including puppies?

Yes / No

Do you agree to dop your P.A.W.S. foster dog off ar our adoption events?

Yes / No

P.A.W.S. Coordinator Signature / Date