



Please email completed application to: [summerlovin@pawatlanta.org](mailto:summerlovin@pawatlanta.org)

\_\_\_\_\_

Date

\_\_\_\_\_

Name (Last, first)

\_\_\_\_\_

Cell Phone Number

\_\_\_\_\_

Street address, City, ST, ZIP Code

\_\_\_\_\_

Email Address

\_\_\_\_\_

Emergency Contact Name | Relationship

\_\_\_\_\_

Emergency Contact Number

I am at least 21 years of age:

Yes

No

Would you agree to a home visit:

Yes

No

### HOUSEHOLD INFORMATION

Do you:

Rent

Own

Does your lease allow pets:

Yes

No

Is this a:

Home

Apartment

Condo

Are there any weight or breed restrictions:

Yes

No

\_\_\_\_\_

Landlord's Name and Phone Number:

\_\_\_\_\_

How many adults live in the residence:

\_\_\_\_\_

Children:

\_\_\_\_\_

Children's Ages:

### PET INFORMATION

Do you currently have pets:

Yes

No

How many dogs: \_\_\_\_\_

How many cats: \_\_\_\_\_

Are all your pets spayed/neutered:

Yes

No

Up to date on vaccines:

Yes

No

Is your current pet on flea & tick prevention:

Yes

No

Have you ever relinquished an animal to an animal shelter:  Yes  No

If yes, please explain: \_\_\_\_\_

How many dogs and cats have you had in the past 10 years: \_\_\_\_\_

If any, please describe what happened to each of them: \_\_\_\_\_

What types of training **have you previously used** with other fosters or family pets:

Training Classes

Spanking

Gentle Leaders

Choke or Pinch Collars

Clicker Training

Other: \_\_\_\_\_

What types of behaviors will not be tolerated by a foster: \_\_\_\_\_

How are your pets contained when left alone: \_\_\_\_\_

### FINDING YOUR PUP

I am comfortable with (select all that apply):

Small Dogs

Medium Dogs

Large Dogs

Any Size Dogs

I would enjoy (select all that apply):

A Puppy

Higher Energy

Medium Energy

Calmer Energy

A Senior

Notes: \_\_\_\_\_  
\_\_\_\_\_

\*We will do our best to meet your request. Please be aware we may not always have a 100% match

### REFERENCES

Please list 3 references who are **not** related to you:

\_\_\_\_\_  
Name (Last, first) Cell Phone Number Relationship

\_\_\_\_\_  
Name (Last, first) Cell Phone Number Relationship

\_\_\_\_\_  
Name (Last, first) Cell Phone Number Relationship

### WAIVER

I release PAWS Atlanta, its Board of Directors, Staff, and Volunteers from any and all liability arising from the fostering of this/these animal(s). If the animal(s) should harm anyone or cause and damage to my property of the property of others, I agree to use my homeowner's insurance or other means for any reimbursement, which may be necessary.

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