

# SUMMER LOVIN'

Please email completed application to: [summerlovin@pawsatlanta.org](mailto:summerlovin@pawsatlanta.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: \_\_\_\_\_

### EXPERIENCE LEVEL

On a scale of 1-10 (10 being most experienced), what is your experience level with dogs:

1      2      3      4      5      6      7      8      9      10

On a scale of 1-10 (10 being highest energy), how much energy would you like your PAWS dog to have:

1      2      3      4      5      6      7      8      9      10

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

### 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: \_\_\_\_\_