



Please email completed application to: holidaylovin@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

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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: _____