



HALFWAY HOUNDS

foster@halfwayhounds.com

www.halfwayhounds.com

Foster Application

Name: _____

Date: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Street Address, City and State: _____

How long have you lived at this address? _____

Date ready for adoption: _____

Do you rent or own? Is this a house, condo or apartment?

Does your lease allow pets? _____

Landlords' phone number _____

Number of adults living in your household, name, relation, age:

Number of children living in your household, name, relation, age:

Temperament of children: (energetic, shy, quiet, aggressive) _____

Is anyone in your household have known allergies to pets? _____

Do all adults work full-time? _____

Is a home visit acceptable to you? _____

Do you have a private yard? _____

Is it fenced? _____

Will your crate train the dog? _____

How many hours a day will your dog be alone? _____

Where will your dog stay when he/she is alone? _____

Do you have a dog house? _____

Do you have pets currently? What type? Ages? Male or female? Altered? _____

Have you had any pets in the past? _____

If so, what happened to them? _____

How do you plan on exercising your foster? _____

How do you plan on training your foster? _____

Please feel free to tell us anything else about yourself that you think might help us match you with the right pet for you: _____

Veterinarian name _____

Address: _____

Phone number: _____

Have you ever brought a pet to an animal shelter? If so, please describe circumstances:



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IMPORTANT! READ BEFORE SIGNING APPLICATION

To be considered to foster one of our dogs, the following must be completed:

- 1. Proof of current address**
- 2. Proof of home ownership or a lease stating you have permission to have pets**
- 3. The entire family, humane and canine, must meet the dog**

1. I hereby acknowledge receiving the animal: _____ to be temporarily fostered and trained under my care. I understand that the dog I am fostering is the property of Halfway Hounds Inc., and that Halfway Hounds is responsible for all medical treatments, supplies and the costs of training.
2. I agree to provide proper food, water, adequate shelter, and kind treatment at all times.
3. I agree to take the animal to a veterinarian for examinations and immunizations as needed; and to procure immediate and emergency veterinary care, should the animal become ill or injured. I understand that Halfway Hounds will cover all medical costs, but that I need to contact the President of Halfway Hounds for pre-approval of all medical treatments.
4. I agree to participate in the required training sessions and classes provided by Halfway Hounds. I agree to work with the assigned Halfway Hounds trainer(s) and under their guidance, do my best to provide consistent training to the dog, based on the protocol they have prepared.
5. I understand that in order to adopt the dog I am fostering I need to complete an adoption application and adoptions can only take place with the sole approval of the Halfway Hounds board.
6. I agree to license the animal in compliance with the laws and ordinances in force in the municipality in which I reside and keep the aforesaid animal(s).
7. I agree to notify Halfway Hounds if I decide at any time that I can no longer keep the animal.
8. I agree not to allow the animal to be used for medical or other experimental purposes.
9. I agree not to sell the animal or use it for entertainment or money making purposes.
10. I understand and agree that representatives of the Halfway Hounds reserve the right to inspect my home or call my home at any reasonable time, to assure that the animal is being properly treated and cared for.
11. I have read this section. I have had it explained to me and I completely understand and accept the rights and obligations involved.

Once the application has been reviewed, you will be contacted via email or phone. Please check your email for the notification. You will be notified of the approval or denial within 7-10 days providing that your application was complete in the information required.

By signing your name, you give permission to Halfway Hounds to contact your veterinarian to obtain information about past and present pets. You also confirm that you are 18 years of age or older and authorize the rescue to verify the above information.

Halfway Hounds shall not be held responsible for any damages, costs, or expense resulting from this placement; including, but not limited to, damage or injury to persons property. In this connection, Halfway Hounds is harmless from any and all liability of any and every nature and cause, directly and indirectly relating to the fostering of any dog.

One or more home visits may be made with or without prior notice, and I hereby agree to this. Halfway Hounds may examine and/or make inquires about the dog at any time. If Halfway Hounds is not satisfied with the manner in which the dog is being kept the dog may be immediately reclaimed. Reclaiming of the dog shall not be considered a trespass or theft.

The dog must be made available to adopters and Halfway Hounds as necessary. By signing this form, you agree to all of the above terms.

Date: _____

Signature: _____

***PLEASE CONTACT YOUR VET AND NOTIFY THEM THAT HALFWAY HOUNDS WILL BE CALLING FOR A VET CHECK AND PROVIDE PERMISSION TO RELEASE YOUR RECORDS.**

Return this form by mail to:

Halfway Hounds

P.O. Box 132

Park Ridge, NJ 07656