OFF THE GRID ANIMAL SANCTUARY

OFFTHEGRIDANIMAL SANCTUARY. ORG

Foster Application

How did you hear about Off The Grid Animal Sanctuary? *		
Which Pet are you interested in f	rom our availabl	e pets *
First name *		
Last name *		
Birthday *		
Month	Day	Year
Phone Number : *		
Country/Region		
		~
Address		

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City
Zip / Postal code
Duplex? *
Household Setting : Rural , Suburban or Urban? *
Describe your Homes Activity Level : Busy/Noisy , Moderate
Comings/Goings or Quiet with Occasional Guests
Please List all People Living in the Household (Include Name, Relationship, Gender and Age)* *
Does Anyone in your Household have Allergies to Animals? YES/NO *
Are all members of your Family agreeable to Fostering a Dog? YES/NO *
Please List any Pets you have (Please include Name, Breed, Age,
Altered, Sex, UTD Vaccines, Heartworm)*
Do you have any animals that aren't spayed and neutered?
Do you have a preference in sex of foster? Male , Female or No Preference *

10/9/24, 10:09 AM

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Are you willing to foster a dog of any age? *
If not, what age would you consider? *
What size dog are you willing to foster? SMALL/MEDIUM/LARGE
Please describe the type of dog you are willing to foster (Please include breed, coat length, personality traits, energy level, hypoallergenic) We always want to make sure we have the best fit for our foster homes. *
Are you willing to take your foster dog to vet appointments at a convenient time for you? YES/NO *
Do you drive or have access to a vehicle to bring your foster to events and appointments. YES/NO *
Are you willing and able to medicate your foster, even if it just a monthly heartworm preventative? YES/NO *
We cannot guarantee a pet to be housebroken, are you equipped to train with love and patience? YES/NO *
Are you willing to use a crate for a dog if recommended? YES/NO *
Do you have a fenced yard? YES , NO or PARTIAL *
How many hours in a day would the foster be left alone? *

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eference: Full Name* *		
none Number *		
none Number *		
none Number *		
ence #1 (Name, phone # and	d relationship to self) *	
ence #2 (Name, phone # and	d relationship to self *	
since #2 (Ivame, priorie # and		
ement to this contract / appearstand that applying does thful answers or failure to complication can result in the al Sanctuary animal fostere fy that the above information will be verifierstand that by submitting ease and covenant to hold awary and it's members from the incurred during the care sept full responsibility for the see Off The Grid Animal Sanages that may be incurred be.).	s not ensure approval and comply with the requirement of forfeiture of any Off The Ced by me. If the control of	ents of Grid stance agree imal asts, og.
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Email Address : ^
f approved and not local, plans for picking up your foster pet/dog Thank you *

Submit