

Service Dog Foster Home Application

'saving a life to change a life'

Basic Information

Name:			Date:	
Address:				Apt.:
City:		State:	Zip:	
Phone:	Email:			
Are you 21 or older?	Are you intereste	d in fostering a	young adult d	og or a puppy?
Yes	Young adult d	og		
No	Puppy			
What type of dog do you w	ant to foster?			
Service dog				
Companion dog				
Service dog: a dog that hat tasks, such as picking up a	. ,		•	•
Companion dog : a dog gi developmental delays, anx the home.		•	•	
	Home Inf	ormation		
Do you own or rent your ho	ome, condo, or apartme	nt?		
Own				
Rent				
Do all your family members	s want to foster a dog?			
Yes				
No				
Do you have any animals i	n your home?			
Yes				
No				

If Yes, please list:
Cats:
Dogs:
Other:
Are all your animals spayed/neutered and up to date on shots? Yes No
What is the name of your veterinarian?
Animal Information/Experience
How many hours per day would the dog be left alone?
Would you be able to attend dog class once a week? Yes No
Can you afford to pay for dog food for the dog? Yes No
How long are you able to keep a foster dog for?
Please describe any experience you have taking care of a dog.

lease describe any dog training experience you have. Note: you do not need to have any xperience to be considered as a foster home.	
low did you hear about our organization?	

Service Dog Foster Home Application Waiver

In my participation with Paws Giving Independence, I do hereby agree to hold free from any and all liability Paws Giving Independence and its members and officers. My family, members of my household, and myself wave the rights and claims for damages and injuries which may come from my connection and participation with PGI.

I declare myself to be physically sound to participate with the PGI organization.

I understand that the dogs/puppies in my foster care are property of Paws Giving Independence. Any activity with these dogs/puppies must be cleared through Paws Giving Independence's directors. The only exception is in emergency care situations. If emergency care is required, PGI must be informed within 24 hours.

I have read and understand the terms, conditions, policies, and procedures of the Paws Giving Independence foster care program. I understand PGI can remove a foster dog from my home at any time due to failure to fulfill these terms, conditions, policies, and procedures of Paws Giving Independence.

Name:		
Signature:	Date:	

Please email completed form to mkosner@givingindependence.org. This page must be printed, signed, and returned for the application to be complete. You can hand the waiver page in to a PGI board member, scan and email it, or mail it to the PGI PO Box.

Paws Giving Independence PO Box 9572 Peoria, IL 61612-9572