

**Paws Giving**  **Independence**  
*"saving a life to change a life"*

**Service Dog Sitter Application**

**Basic Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Are you over the age of 21? Y / N

Are you interested in fostering a young adult dog or a puppy? \_\_\_\_\_

*\* Dog sitting can be anywhere from a weekend to a few week if our foster home or our service dog recipients are in need of help.*

*\* Please note PGI will contact your veterinarian and complete a visit to your home before being certified to dog sit.*

**Home Information:**

Do you own or rent your home, condo, apt? \_\_\_\_\_

Do all your family members want to dog sit a dog?    Y       /       N

Do you have any animals at your home?                Y       /       N

If Yes, Please list:

Cats: \_\_\_\_\_

Dogs: \_\_\_\_\_

Other: \_\_\_\_\_

Are all your animals up to date on vaccinations?    Y       /       N

Are all your animals spayed/ neutered?                Y       /       N



**Paws Giving Independence (PGI)**  
**Service Dog Foster Home**  
**--Waiver--**

In my participation with Paws Giving Independence I do hereby agree to hold free from any and all liability the 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 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form and waiver to:  
Paws Giving Independence  
PO BOX 9572  
Peoria, IL  
61612-9572