



SAVING  
DOBERMANKIND  
— animal rescue —

SAVING DOBERMANKIND ANIMAL RESCUE  
FOSTER APPLICATION AND AGREEMENT

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

Address: \_\_\_\_\_

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

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

Do you Rent or Own your home?

Rent  Own

If you rent we will need a letter from your property manager stating Doberman's are allowed in the property.

Do you live in a HOA?

Yes  No

If Yes, we will need verification there isn't any breed restrictions.

Please list everyone that lives in your household: (name and Age)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all pets in the home (name, breed, age, spayed/neutered):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of your pets current on vaccines?

Yes  No

Have you ever had a pet with Parvo in your home?

Yes  No If yes. When? \_\_\_\_\_

Are all of your pets spayed or neutered?

Yes  No

Do you have a fenced yard?

Yes  No (If yes, what type?): \_\_\_\_\_

Please describe where the dog will stay during the day? Where will the dog sleep at night?

\_\_\_\_\_  
\_\_\_\_\_

Most of our dogs need to get to at least one vet appointment, to be spayed/neutered. Are you willing to help get them to this appointment, and pick them up?

Yes No

Can you help by sending updates and photos of foster dogs in your care? This is a great way to help us find the best home for them!

Yes No

Are you aware that many of our dogs do not have a known history?

Yes No

Are you willing to accept all responsibility and liability of a foster dog's actions on or off your property while in your care?

Yes No

Are you willing to travel to pick up the foster dog?

Yes No (If yes, what distance?):

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Please describe what type dog you'd like to foster. Are there any types dogs you'd be unable to foster?

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Are you willing to allow a SDAR representative to conduct a home visit, prior to receiving any foster animal?

Yes No

Are you willing to allow a SDAR representative to conduct a veterinary reference check prior to receiving any foster animal?

Yes No

Please list your Veterinary Office's Name, Doctors you usually see, Address and Phone Number:

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Are you willing to allow a SDAR representative to conduct up to two personal reference checks prior to receiving any foster animal?

Yes No

Please list two references who are not family. Please include Address, Phone Number and Email:

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**Please Read and Check if you Agree**

- Dogs in foster care are to be placed only by an authorized Saving Dobermankind Animal Rescue Representative. You will not be expected to place the dog on your own.
- Foster homes are responsible for the costs of any medical attention that result from an injury due to negligence of the caregiver.
- Saving Dobermankind Animal Rescue will pay for necessary medical expenses for all foster dogs. A designated Saving Dobermankind Animal Rescue **Board Member MUST** authorize all vet expenses prior to incurring.
- I am aware that I can only use veterinary practices that are approved by Saving Dobermakind Animal Rescue for any treatments needed routine or otherwise.
- I am aware that by signing this application, I agree to provide what is needed for the health and safety of a dog fostered in my care for the Saving Dobermankind Animal Rescue.
- I agree to accept dog(s) for foster when mutually agreeable.
- I reserve the right to decline a dog for a foster care assignment when I choose to, based on any number of factors including but not limited to: lack of time to be able to devote to the dog's care, or unwillingness to deal with the dog's personality, training issues, health conditions or attributes.
- I agree to be available to meet with prescreened eligible adopters by appointment. I agree that all placements shall be cleared with the Rescue Coordinator prior to release of the dog and all paperwork, contracts and fees completed and cleared prior to the dog being released from my care.
- I understand that all dogs assigned to my care are to be handled with caution for my own safety and the safety of all others. I understand all dogs brought into my home are to be supervised, and when unsupervised need to be in a secured area. Multiple dog interactions, (any more than one), must be supervised for dog's safety. All dogs are to be handled responsibly.
- I further agree to assume all responsibility for the foster dog in my care while on or off the premises. I agree to assume all liability for the dog while I foster it for the Saving Dobermankind Animal Rescue.
- I fully understand and agree to assume all risks involved in any and all duties that I perform for Saving Dobermankind Animal Rescue in my volunteer capacity and I agree to hold the Saving Dobermankind Animal Rescue harmless for any injury(s) that I might sustain during the course of my volunteer duties.
- I agree to adhere to all relevant zoning and animal control codes and ordinances whether local, county, or state.

Foster Physical Signature: \_\_\_\_\_ Date: \_\_\_\_\_