

## **Pet Foster/Adopt Application**

*Thank you* for your interest in potentially fostering and/or adopting an impounded pet from Sandoval County. Please note that by completing this application you are under no obligation to foster or adopt an animal, nor is Sandoval County under any obligation to place a pet within your care. This application is merely the first step in the foster and/or adoption process.

	Applica	tion to:	☐ Fos	ster _	Adopt	Both
Date:						
Name:			D.O.B.:			
Address:						. <u></u>
(Street)		(City)				
Home Phone:	Mobile	Phone:				
Driver's License Number:						
E-mail:						
1. Please describe the type of exper	ience you have	with dogs a	and/or cats.			
2. Have you fostered or adopted ani	mals before?	dogs	[	cats	other	
If yes, please describe:						

3. Do you have any experience working with <b>dogs</b> with behavioral issues?  yes  no
If yes, check or list the areas that you have experience in:
Crate Training Chewing Pulling on Leash Anxiety
☐ House Training ☐ Lack of Socialization/Fearful or Shy ☐ Other
4. List all the adults in your household List all the children in your household and their ages
5. Is everyone in your household agreeable to (circle one) fostering/adopting a pet(s)?
6. List any regular visitors who might come in contact with the pet:
7. Is anyone in your home allergic to dogs or cats?   Yes   No
8. Do you live in a:

		Male or	Spayed	/ Ci	irrent Vacc	cinations?
Name	Breed		Female	Age N	Veutered	(please list)
						_
O. Are all the aning	mals accepting of new an	imals in their ho	me? Yes		) [	Don't Know
				2		
I. Will the new po	et have a safe place away	from your resid	lent animals	s?	∐ Yes	∐ No
) II	doz. will the mot be		a.m.a. ?			
2. How many nou	ers per day will the pet be	e without adult c	are?			
3 Where do you i	plan to house the pet?					
o. Where do you p	plan to house the pet:					
4. How do you pla	an to exercise the pet?					
4. How do you pla	an to exercise the pet?					
, ,	•	foster? (check a	ıll that apply	y)		
, ,	an to exercise the pet?	foster? (check a	ıll that apply	y)		
5. What type of an	•				ıppies	
5. What type of an	nimals are you willing to				ıppies	
5. What type of an Stittens Stittens	nimals are you willing to	☐ Nursing M		s) 🗌 Pu		needing traini
5. What type of an Kittens	nimals are you willing to Nursing Mothers (Cats)	☐ Nursing M	others (Dog	s) 🗌 Pu		needing traini
5. What type of an Kittens 1	nimals are you willing to Nursing Mothers (Cats)	☐ Nursing M	others (Dog	s) 🗌 Pu m injury	☐ Dogs	

In signing this Application, I affirm that the information I provided in this application and as part of the foster and/or adoption process is truthful and complete. I understand that although Sandoval County takes reasonable precautions to screen pets and interested applicants, it makes no guarantee relating to the pet's health, behavior, or actions if placed in my care. I understand that I accept foster pets at my own risk and that I can reject foster pets placed in my care at any time and for any reason. I also understand that I must complete and sign an Adoption Agreement for any pet I might wish to adopt. I fully indemnify and hold harmless Sandoval County and any of its agents, employees, contractors, and volunteers from all liability arising out of any and all claims, demands, losses, damages, action, judgment of any kind and description which may occur or be suffered by me, members of my household, or any third parties by reason of activities arising out of any pets I agree to have placed in my home associated with this application.

SIGNATURE OF APPLICANT	DATE

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For Staff Use Only
Date Application Reviewed by Sandoval County:  Date of Interview with Applicant:
Recommend (circle one) Approval/Denial for Foster:  STAFF AGENT
Final (circle one) Approval/Denial for Foster: COMMUNITY SERVICES DIRECTOR
Recommended (circle one) Approval/Denial for Adoption: STAFF AGENT
Final (circle one) Approval/Denial for Adoption: COMMUNITY SERVICES DIRECTOR