



Wags To Riches Animal Rescue & Sanctuary, Inc.

Foster Home Application

Date: _____

Thank you for volunteering to foster for Wags to Riches. We appreciate all of our volunteers and know they each have a special place. Please complete the application below IN FULL. Once reviewed for approval, a home visit will take place to verify all noted information. Again, many thanks to you!

Name: _____ Age: _____

Address: _____

Home # _____

Work # _____

Cell # _____

E-mail: _____

Children in the home?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Briefly describe what role your children may take in fostering:

Family Pets? (Place an "X" where appropriate and list age)

Dog or Cat M or F Age Altered Aggression Issues (Describe below)

Dog or Cat		M or F	Age	Y or N		Y or N		Aggression Issues (Describe below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Foster Application II

Do you work outside the home? _____

Where will your foster be when you are gone? _____

If you are gone for more than 6 hours what other arrangements will be made to care for your foster?

Foster Options

What type of foster would you like? ("X" preference)

Dogs or Cats Why? _____

Dogs

What type of dog would you like to foster? (< = less than > = greater than)

	Y	or	N	Comments
Puppy < 6mos	<input type="checkbox"/>		<input type="checkbox"/>	
Young > 6mos	<input type="checkbox"/>		<input type="checkbox"/>	
Adult > 1.5 yrs	<input type="checkbox"/>		<input type="checkbox"/>	
< 20lbs	<input type="checkbox"/>		<input type="checkbox"/>	
> 20lbs	<input type="checkbox"/>		<input type="checkbox"/>	
Male	<input type="checkbox"/>		<input type="checkbox"/>	
Female	<input type="checkbox"/>		<input type="checkbox"/>	
Mom/Puppies	<input type="checkbox"/>		<input type="checkbox"/>	
Litter of Puppies	<input type="checkbox"/>		<input type="checkbox"/>	
Special Needs	<input type="checkbox"/>		<input type="checkbox"/>	
Training Needs	<input type="checkbox"/>		<input type="checkbox"/>	

Cats

What type of cat would you like to foster? (< = less than > = greater than)

	Y	or	N	Comments
Kitten < 6mos	<input type="checkbox"/>		<input type="checkbox"/>	
Young > 6mos	<input type="checkbox"/>		<input type="checkbox"/>	
Adult > 1.5 yrs	<input type="checkbox"/>		<input type="checkbox"/>	
Male	<input type="checkbox"/>		<input type="checkbox"/>	
Female	<input type="checkbox"/>		<input type="checkbox"/>	
Mom/Kittens	<input type="checkbox"/>		<input type="checkbox"/>	
Litter of Kittens	<input type="checkbox"/>		<input type="checkbox"/>	
Special Needs	<input type="checkbox"/>		<input type="checkbox"/>	

Foster Application III

Time Preference

Emergency (5 days)
Until Adoption or Transport

Y or N

Please note that though we try our best to stay within the emergency time frame, unforeseeable actions occur that may extend the emergency period.

Please note that current City of Yakima ordinances allow a **maximum** of 4 adult dogs within the city limits. Current Yakima County ordinances allow for a **maximum** of 4 adult dogs in urban areas and 6 adult dogs in rural areas. These ordinances are strictly adhered to by Wags to Riches.

How many fosters do you feel comfortable caring for at any one time? _____

By signing below you acknowledge and accept all fostering responsibilities for any animal placed in your care. You understand that all animals are a part of the Wags to Riches system and are not to be removed or placed anywhere without the express permission of Wags to Riches. If anyone is interested in adopting your foster, please direct them to Wags to Riches for an application to adopt. If you are approved to foster for Wags to Riches all communications or concerns regarding your foster, their food, supplies and medical care should be directed to our Foster Family Coordinator @ 509-594-2439.

Signature _____

Date: _____

Internal Use:

Approved:

Y N

Date: _____

Comments: _____

Home inspection:

Y N

Date: _____

Comments: _____

Signature _____

Date: _____