

Paws Giving Independence

Service Dog *Foster Home* 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? _____
(The normal stay for an adult foster dog is 3-6 months and a puppy would be 1 year)

What type of dog do you want to foster (circle)? Service Dog / Companion Dog

- *Service dog*: A dog that has been specially trained to assist a disabled person with certain daily tasks, such as picking up an object from the floor. This dog has access into public settings
- *Companion Dog*: A dog given to children or adults that may have problems with autism, developmental delays, anxiety or depression. The dogs give a sense of constant companionship in the home.

Home Information:

Do you own or rent your home, condo, apt? _____
Do all your family members want to Foster 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 shots and spayed/ neutered? Y / N
- 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? Y / N

Can you afford to pay for dog food for the dog? Y / N

How long are you able to keep a foster dog for? _____

Please describe any experience you have with taking care of a dog:

Please describe any previous dog training experience (Note you do not need to have any experience to be considered as a foster home)

How did you hear about our organization?

Paws Giving Independence (PGI)

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--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 information 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.

Signature: _____ Date: _____

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