



OKANDOGS - A 501(c)(3) Non-Profit Organization  
EIN# 84-3829266 - UBI# 604500374  
6820 Osprey Lane, Cashmere, WA 98815

## Foster Application

Thank you for your interest in being a foster home and helping dogs in the North Central WA area. Please complete the following. The information you provide will be used for the sole purposes of ensuring your suitability to provide a foster home to a rescued dog(s), and to make sure the dog(s) we ask you to consider fostering will be comfortable with your family, your other pets, and your home.

### Your Information:

\_\_\_\_\_

Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Street Address

\_\_\_\_\_

Driver's License

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Home Telephone

\_\_\_\_\_

Email Address

\_\_\_\_\_

Cell Telephone

### Others in your home:

\_\_\_\_\_

Full Name

\_\_\_\_\_

Age / Relationship

\_\_\_\_\_

Full Name

\_\_\_\_\_

Age / Relationship

\_\_\_\_\_

Full Name

\_\_\_\_\_

Age / Relationship

\_\_\_\_\_

Full Name

\_\_\_\_\_

Age / Relationship

**DOES EVERYONE IN YOUR HOME AGREE TO FOSTERING? YES / NO**

**Emergency Contact:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Telephone Number

**Do you: Own / Rent**

**Landlord Information if Renting:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Telephone Number

**Animals in your home:**

Name	Age	Breed	Last Vaccination Date
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_____	_____	_____	_____
Name	Age	Breed	Last Vaccination Date

_____	_____	_____	_____
Name	Age	Breed	Last Vaccination Date

_____	_____	_____	_____
Name	Age	Breed	Last Vaccination Date

\_\_\_\_\_

Veterinarian Name

\_\_\_\_\_

Telephone Number

**Foster Dog:**

Do you have any restrictions on the breed, sex, age, or personality of a foster dog?

**Yes / No**

If you answered yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours per day will the foster dog be left alone?

Weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

If more than 2 hours at one time during any day please explain:

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When alone, where will the foster dog be located?

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Are you willing to provide foster care for a dog whose complete history and temperament is not known? **Yes / No**

Are you able to transport a foster dog to veterinarian appointments and adoption events? **Yes / No**

Do you have any concerns about fostering? If so please explain:

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**Has a pet in your home contracted the parvovirus? Yes / No / Unknown**

If Yes or unknown please explain:

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**Home Visit:**

If requested, please provide one or more days of the week and times of the day when you would be available for an Okandogs representative to visit your home.

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Days and times

By submitting this application, I affirm that the facts set forth above are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, I am not the rightful owner of the dog and any medical and/or rehoming decisions will be made by Okandogs. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate termination of the foster agreement/contract at the sole discretion of Okandogs. If Okandogs terminates the agreement/contract, I agree to make the foster dog available for immediate pickup by an Okandogs representative.

**Applicant:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Okandogs Representative:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature