



## Foster Application

Name:	
Email Address:	
Address:	
City, State, Zip	
Home Phone (with area code):	
Cell (with area code):	
Personal Reference:	
Relationship to Applicant?	
Known how long?	
Phone Number of Reference	
Do you own your home or do you rent?	<input type="checkbox"/> Own home <input type="checkbox"/> Rent
Do you have any rental or CCR restrictions on the number of dogs allowed in a residence?	
Name & Phone # of landlord	
Do you have a fenced yard?	<input type="checkbox"/> Yes, fenced yard. <input type="checkbox"/> No
If you have fenced yard, describe the containment system, including type, height, size, construction, etc.	
If you do not have a fenced yard, describe how exercise and other outdoor time will be handled.	

How many adults live in your household and what are their ages?	
How many children and what are their ages?	
Are there elderly or disabled persons living in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your home allergic to dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe how you will deal with a foster dog and the person with allergies or health issues.	
Where will the foster dog spend most of the day?	
How many hours will the dog be alone each day?	
Where will the foster dog sleep?	
What experience do you have grooming a Maltese or other small dogs?	
Describe your previous experience house training a small dog.	
What type of dog food would you provide for a rescue Maltese?	
Do you have other pets residing in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If yes, please list type of pet, including gender, age, and whether the pet is spayed or neutered. Also, tell us about their general state of health at this time.</p>	
<p>If you have owned other dogs in the past, please tell us what happened to them.</p>	
<p>Name of current veterinarian:</p>	
<p>Veterinarian address:</p>	
<p>Veterinarian phone number (with area code):</p>	
<p>Are you willing to foster an older dog?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to foster a dog with special health needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to foster a dog with behavior issues?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to foster more than one dog at a time?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, I can foster two. <input type="checkbox"/> Yes, I can foster more than two.
<p>Are you willing to foster short-term, e.g. a few days to a few weeks?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to foster long term, e.g. more than one month?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Agreement to Hold Harmless, Waiver and Assumption of Risk**

**I will abide by all rules, policies and guidelines set forth by the American Maltese Assoc. Rescue (AMA) Program.**

- I agree  
 I do not agree

**I agree that the information I have provided here is complete and correct to the best of my knowledge.**

- I agree  
 I do not agree

**I understand that any bodily injury or property damage caused by an AMA Rescue dog that I am fostering is my responsibility. I agree to relieve and absolve the AMA Rescue Program of any responsibility for any damages should they occur.**

- I agree  
 I do not agree

**I hereby agree to indemnify and hold harmless the AMA Rescue Program, its volunteers, officers, members and agents from any and all claims by any member of my family or by any other persons as a result of any action by the rescue or dogs being fostered.**

- I agree  
 I do not agree

**My own pet(s) are healthy and current on vaccinations, and I will assume responsibility for my own pet(s) acquiring a disease or injury while fostering a rescue Maltese.**

- I agree  
 I do not agree

**I agree that typing my name on this electronic application is the same as placing my legal signature on the document.**

- I agree  
 I do not agree

**Signature/ Type full name. By selecting "I agree" and submitting this form I am accepting the Agreement to Hold Harmless, Waiver and Assumption of Risk.**

**Date of Signature: ( mm/ dd/ yyyy**