



## ADULT DOG FOSTER PROGRAM APPLICATION

Before completing this application, please review the following list of responsibilities:

1. SDA Volunteer Fosterers must attend and successfully pass SDA's "Volunteer Handler and Public Access" training before a foster placement will occur.
2. SDA Volunteer fosterers will provide for the care and well-being of a service dog ready for placement to include:
  - A smoke-free, safe home environment
  - Food and other supplies for raising a dog
3. SDA Volunteer fosterers will participate and successfully complete SDA's Volunteer Handler Public Access and orientation training. SDA Volunteer Fosterers are required to keep a training journal, submit a monthly dog report and will report any behavioral or medical problems to SDA's training staff.
4. SDA Volunteer fosterers will provide a variety of socialization opportunities as outlined in the SDA Volunteer Fosterers Program Frequently asked questions. SDA Volunteer Fosterers agree to follow SDA approved socialization and handling techniques with SDA's dogs.
5. SDA Volunteer fosterers will provide transportation to and from veterinary visits, group outings and SDA events.
6. SDA requires all SDA Volunteer fosterers to be willing and able to commit to the outlined responsibilities, as well as safely care for the service dog until the required turn in date for placement. Foster time can be as long as 1 – 3 months or as short as weekend care for an adult dog ready for placement. SDA Volunteer Fosterers must be willing and able to devote time each day to the complete care of the dog, which includes abundant amounts of love, feeding, grooming, socialization, daily exercise and follow-through on training commands as recommended by SDA Training staff.
7. SDA Volunteer foster care and training program will provide orientation to all new fosterers, and will supply a dog kit, training manual and materials and be available to answer questions.

(\* required information)

APPLICANT INFORMATION					
*Name:					
*Address:					
*City:		*State:		*Zip code:	
*Home Phone:			Cell Phone:		
*Email:			Work Phone:		
*Employer:			*Job Title:		
*Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		* Your age: <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60+			

OTHER MEMBERS OF HOUSEHOLD				
Name:	Relationship to applicant:	Age:		
Name:	Relationship to applicant:	Age:		
Name:	Relationship to applicant:	Age:		
Name:	Relationship to applicant:	Age:		
*Do all the members in your family want to foster a dog?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
*If yes, have you decided who will be the dog's primary handler?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
*If more than one family member plans to participate in the care of the dog, will that person(s) be able to attend and socialization outings with the primary handler?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
HOUSEHOLD INFORMATION				
*Do you own or rent your home?: <input type="checkbox"/> Own <input type="checkbox"/> Rent				
If renting, do you have permission to have a service dog in the house?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If renting, please provide landlord's name and phone:				
* Do you have a securely fenced yard?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
* If not, are you willing to adapt your yard to make it safe for the dog?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
* Do you understand SDA dogs cannot be off leash unless in an enclosed area?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
PET INFORMATION				
* Please list all animals currently in your home:				
Breed or Type	Age	Sex	Spayed/Neutered? If not, why not?	Temperament
* Can you provide proof of vaccinations for the animals listed above?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list behavior exhibited by one or more of the dogs in your home:				
<input type="checkbox"/> Alert barking at door knock <input type="checkbox"/> Protects food or toys (from other people or dogs) <input type="checkbox"/> Aggression (people or dogs) <input type="checkbox"/> Other:				
WORKPLACE INFORMATION				
Will you be able to take the SDA dog to your workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how often?				
If yes, please describe your work environment?				
If no, what are your plans for the dog during the day?				

(\* required information)

### DAILY SCHEDULE INFORMATION

\* How many hours a day on average will the dog be left alone? \*  0-2  3-5  6-8  9+

\* How many hours will the dog be left alone at any one time? \*  0-2  3-5  6-8  9+

\* Please describe a typical day for you (i.e., time you get up, go to work/school, other activities, bedtime, etc.):

\* How many hours per day are you able to spend working with the SDA dog?  0-2  3-5  6-8  9+

\* How much exercise can you give the dog each day?

\* How and where will you exercise the dog?

### TRAINING EXPERIENCE

Have you ever trained a dog before?  Yes  No If yes, what style of training did you use?:

Are you willing to learn a completely new approach to training and discontinue using your previous methods?  
 Yes  No

### ADDITIONAL QUESTIONS

Are you willing to be a home that will take another dog in for another fosterer for weekend or vacation break?  
 Yes  No If yes,  Weekend  One week  Two weeks  Other:

\* How did you learn about SDA's SDA Volunteer Fosterers program?:

Do you have any experience working with people with disabilities?  Yes  No

\* Please describe your feelings about returning the dog to SDA for placement with a person with a disability?

Is there anything else you would like us to know about you?

Please provide the names of two references who do not reside with you:

Name: Phone Number:

Name: Phone Number:

\* If your application is accepted, when will you be ready to foster a service dog?

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**

**SDA Adult Dog Foster Program  
c/o Service Dogs for America  
920 Short Street  
Jud, ND 58484**

**-OR- Fax completed application to: 1-877-783-6953**



## **AGREEMENT TO TERMS OF SERVICE**

**EVERY PERSON APPLYING TO BECOME A VOLUNTEER FOSTERER, MUST COMPLETE THIS AGREEMENT AND RETURN WITH THE VOLUNTEER FOSTER FAMILY APPLICATION.**

1. I understand that the dog I am fostering belongs to Service Dogs for America (SDA).
2. I agree to provide a smoke-free environment (both home and auto) for the dog.
3. I am required to follow the training and socializing guidelines presented to me by SDA.
4. I am required to attend monthly conference calls, public access outings and presentations provided by SDA near my community.
5. I am required to submit monthly progress reports and to promptly report behavioral, medical or training issues to SDA staff.
6. I am responsible for and assume financial responsibility for the dog's feeding and general care.
7. I agree not to feed the dog "human food" and will follow SDA's feeding and treat recommendations.
8. The dog must eat a quality dog food recommended and approved by SDA. The dog must not be allowed to become overweight.
9. SDA is financially responsible for veterinary care.
10. I agree to follow SDA's recommended vaccine schedule, treatment protocols and preventative care guidelines.
11. I am responsible for the transportation to and from the vet clinic and will take the dog to SDA's vet.
12. I am required to maintain the training commands and practice them daily with the dog.
13. I will always have the service dog vest on when in public and carry my public access ID at all times.
14. I will not allow the dog to be off leash unless in an enclosed safe area.
15. I understand that any decision about the dog's placement is to be made by SDA staff.
16. The dog may be placed at any time as determined by SDA staff.
17. If this agreement is not maintained, or at any time SDA feels the dog is at risk, it will be removed and will be placed with someone else and/or I will not be eligible to be a volunteer fosterer for SDA.
18. SDA's managerial and training staff is available to assist me with any concerns or problems I encounter during my volunteer fostering experience.
19. I understand that I am subject to a criminal background check as a volunteer performing service for SDA.

***I have read and understand the above requirements to be a Volunteer Fosterer. My signature signifies acceptance of all the terms stated above.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SDA Staff Signature

\_\_\_\_\_  
Date