STELLA'S SANCTUARY

Foster Application

Printable version based on the current Stella's Sanctuary Wix foster application. Fields marked * are required.

Applicant Information

Applicant Name *

Co-Applicant Name

Street Address *

City/State/Zip *

Phone *

Email Address *

Occupation *

Emergency Contact Name *

Emergency Contact Phone *

Dog Interest

What dog are you interested in fostering/adopting? Why are you interested in this dog?

Household Information

Do you own or rent your home? *

[ ] Own [ ] Rent [ ] Other

If renting, provide landlord contact name and phone

Type of residence *

[ ] House [ ] Apartment [ ] Townhouse
[ ] Mobile Home [ ] Condo [ ] Other

How long have you lived at this residence? *

Do you have a fenced yard? *

[ ] Yes [ ] No [ ] Partially

Fence type and height

Optional: Attach photos of your yard or outdoor setup if available.

How many people live in your home? Please include ages of any children living in the home (if applicable).

Is everyone in agreement about fostering a dog? *

[ ] Yes [ ] No [ ] Unsure

Current Pet Details

Please list all animals currently living in your home, including type/breed, age, and vaccination status. If you have no current pets, please list 'None'. *

Are all current pets up to date on vaccines? *

[ ] Yes [ ] No
[ ] Some are [ ] No current pets

Veterinary Clinic Name, Phone and Veterinarian (if known) *

Please provide your vehicle type and license plate number, including state. *

Please attach a picture of your license plate.

Lifestyle and Care

How many hours will the dog be left alone and where will they stay daily? *

Where will the dog sleep at night? *

Who will be responsible for the daily care and training? *

Are you willing to attend training if needed? *

[ ] Yes [ ] No [ ] Maybe

What activity level are you comfortable with? *

What traits are important to you in a foster dog?

Foster Agreement & Acknowledgement

Please review the following foster policies and confirm your understanding before submitting your application.

[ ] I understand foster placements include a minimum three-week foster-to-adopt trial period.

[ ] I understand that all dogs placed through Stella's Sanctuary remain the legal property of Stella's Sanctuary until adoption is finalized.

[ ] I understand Stella's Sanctuary reserves the right to deny, revoke, terminate, or remove a dog from my home or property at any time.

[ ] I understand no Stella's Sanctuary dog may ever be tethered, chained, or left outdoors unattended.

[ ] I understand rescue dogs may not be rehomed, transferred, sold, abandoned, surrendered to another rescue, or surrendered to a shelter.

[ ] I agree to immediately notify Stella's Sanctuary of any illness, injury, bite incident, escape, or emergency involving the foster dog.

[ ] I understand that no dog may be taken to a veterinary clinic, grooming clinic, boarding facility, or training facility without prior approval from Stella's Sanctuary.

[ ] I understand that no supplies, food, medication, equipment, or services may be purchased for a Stella's Sanctuary animal without prior approval from Stella's Sanctuary.

[ ] I understand that no reimbursement of any kind will be made for expenses involving Stella's Sanctuary dogs without prior approval.

[ ] I understand Stella's Sanctuary may conduct follow-up checks, veterinary verification, reference checks, and home visits when appropriate.

[ ] I understand falsification of information or violation of rescue policies may result in immediate removal of the foster dog.

[ ] If I need to temporarily or permanently relocate my foster dog due to a vacation, medical leave, moving emergency, or other circumstances, I will contact Stella's Sanctuary. I understand that Stella's Sanctuary will work with me to arrange appropriate care and that I am not expected to handle the situation on my own without prior approval.

Applicant Signature *

Printed Name *

Date *

Attach a copy of your government-issued photo ID for identity verification and background screening. *

Co-Applicant Signature

Co-Applicant Printed Name

Date