

# SAS Woof Release Program

Date: \_\_\_\_\_

Name: (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I am at least 21 years of age: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am interested in signing up for a: \_\_\_\_\_ Day Trip \_\_\_\_\_ Weekend Getaway

Would you agree to a home visit: \_\_\_\_\_ Yes \_\_\_\_\_ No

## HOUSEHOLD INFORMATION

Do you: \_\_\_\_\_ Rent \_\_\_\_\_ Own

Does your lease allow pets: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this a: \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo

Are there any weight or breed restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Landlord's Name and Phone Number: \_\_\_\_\_

How many adults live in the residence? \_\_\_\_\_

Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Household liability insurance carrier: \_\_\_\_\_

Name

Address

Policy #

## PET INFORMATION

Do you currently have pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many dogs: \_\_\_\_\_ How many cats: \_\_\_\_\_

Are all your pets spayed/neutered: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Up to date on vaccines: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is your current pet on flea & tick prevention: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever relinquished an animal to an animal shelter: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

How many dogs and cats have you had in the past 10 years: \_\_\_\_\_

If any, please describe what happened to each of them: \_\_\_\_\_

What types of training have you previously used with other fosters or family pets:

Training Classes Spanking Gentle Leaders Choke or Pinch Collars Clicker Training

Other: \_\_\_\_\_

What types of behaviors will not be tolerated by a foster: \_\_\_\_\_

How are your pets contained when left alone: \_\_\_\_\_

**EXPERIENCE LEVEL**

On a scale of 1-10 (10 being most experienced), what is your experience level with dogs:

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (10 being highest energy), how much energy would you like your WOOF dog to have:

1 2 3 4 5 6 7 8 9 10

Notes: \_\_\_\_\_

**REFERENCES**

Please list three references who are **not** related to you:

\_\_\_\_\_  
Name (Last, first) Cell Phone Number Relationship

\_\_\_\_\_  
Name (Last, first) Cell Phone Number Relationship

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Name (Last, first)	Cell Phone Number	Relationship
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**WAIVER**

I release the Sedalia Animal Shelter, the City of Sedalia, the Animal Advisory Control Board, City Staff and Volunteers from any and all liability arising from the fostering of this/these animals(s). If the animal(s) should harm anyone or cause any damage to my property or the property of others, I agree to use my homeowner's insurance or other means for any reimbursement, which may be necessary.

I further agree to immediately return any foster animal in my care to the Shelter at the designated date and time or at the request of the Shelter Director or her designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_