



**Akita Rescue Mid-Atlantic Coast, Inc.**

**FOSTER APPLICATION**

Be sure to complete all six pages. ***Incomplete applications will not be processed.*** Please use the backs of the pages if necessary for further explanations

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Co-Applicant Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

E-mail address(s): \_\_\_\_\_

How did you hear about Akita Rescue Mid-Atlantic Coast, Inc.:

Friend \_\_\_\_\_ Website \_\_\_\_\_ If so which one? \_\_\_\_\_

Web Search engine \_\_\_\_\_ If so which one? \_\_\_\_\_

Magazine Ad \_\_\_\_\_ If so which one? \_\_\_\_\_

Why do you want to adopt an Akita? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently fostering, applying or have you applied to any other rescue group, shelter or humane society to foster an animal ? If Yes, please give the name of the group and its contact information. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PETS PAST AND PRESENT** : (If additional space is needed please use back of the following pages)

**1. Type: Dog Cat Other:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Name** \_\_\_\_\_

Sex:  Male  Female Vaccinations kept up-to-date:  Yes  No

Kept on heartworm prevention:  Yes  No Received routine vet care:  Yes  No

Spayed/Neutered?  Yes  No If not, why not? \_\_\_\_\_

Where did you acquire this pet from (name, address and telephone number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What happened to this pet? (If still owned please answer "Still own", if deceased explain how and when)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Type: Dog Cat Other:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Name** \_\_\_\_\_

Sex:  Male  Female Vaccinations kept up-to-date:  Yes  No

Kept on heartworm prevention:  Yes  No Received routine vet care:  Yes  No

Spayed/Neutered?  Yes  No If not, why not? \_\_\_\_\_

Where did you acquire this pet from (name, address and telephone number): \_\_\_\_\_

What happened to this pet? (If still owned please answer "Still own", if deceased explain how and when )

**3. Type: Dog Cat Other:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Name** \_\_\_\_\_

Sex:  Male  Female Vaccinations kept up-to-date:  Yes  No

Kept on heartworm prevention:  Yes  No Received routine vet care:  Yes  No

Spayed/Neutered?  Yes  No If not, why not? \_\_\_\_\_

Where did you acquire this pet from (name, address and telephone number): \_\_\_\_\_

What happened to this pet? (If still owned please answer "Still own", if deceased explain how and when)

Have you ever taken a dog through obedience class?  Yes  No

Are you willing to attend obedience classes?  Yes  No

How much do you think the yearly cost is for routine vet care (shots, heartworm test and meds, exams) ? \_\_\_\_\_

How much is the monthly cost is for a premium dog food and heartworm medication ? \_\_\_\_\_

### **SINGLE OWNERS ONLY**

Will you continue to foster your current dog if you become involved with someone who does not like or is afraid of your dog?

Will you continue to foster your current dog if you become involved with someone who has children who are afraid of or allergic to your dog?

Will you continue to foster your current dog if you become involved with someone who is or becomes allergic to your dog? \_\_\_\_\_

### **COUPLES ONLY**

Would one of you be willing to continue to foster your current dog if you break up or divorce?

If you are currently childless, how would having a child affect the dog you are currently fostering? \_\_\_\_\_

### **HOUSING INFORMATION:**

How many adults living in your household? \_\_\_\_\_ What relationship to you? \_\_\_\_\_

Are there children residing in your household/visiting on a regular basis?  Yes  No

Child's age: \_\_\_\_\_  Male  Female

Child's age: \_\_\_\_\_  Male  Female

Child's age: \_\_\_\_\_  Male  Female

Child's age: \_\_\_\_\_  Male  Female

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If interested in fostering, do you have the ability to keep the Akita separate from other pets?

Yes \_\_\_ No \_\_\_ If yes, how will you do this? \_\_\_\_\_

Does your homeowner's insurance allow you to have an Akita? Yes \_\_\_ No \_\_\_

Does your homeowner's association allow you to have an Akita? Yes \_\_\_ No \_\_\_

Is there anyone home during the day?  Yes  No If so who? \_\_\_\_\_

Do you do day care in your home?  Yes  No

In relation to your residence, do you:  Own  Rent

If renting, does the lease permit large dogs, specifically an Akita?  Yes  No (If yes, **attach copy of lease** to application please. The application **will not be processed** without proof that Akitas are permitted on leased/rental premises)

How long have you resided at your current residence? \_\_\_\_\_

If less than two years, give previous address: \_\_\_\_\_

And how long did you live there? \_\_\_\_\_

What is your lot size? \_\_\_\_\_ Is it fenced?  Yes  No If so, fencing material and height: \_\_\_\_\_

If you do not have a fenced yard, are you willing to walk your foster at least 3 times daily or put a kennel run provided by ARMAC on your property?  Yes  No

Where will the dog stay during the day? \_\_\_\_\_ At night? \_\_\_\_\_

If there are no children or other animals in your house, are there foreseeable times the Akita will have to spend visiting with children or other animals?  Yes  No

If so, please explain: \_\_\_\_\_

Are there any unusual circumstances to which the Akita will have to adjust?  Yes  No

If so, please explain: \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

Do all family members want to foster an Akita?  Yes  No Who is unsure? \_\_\_\_\_

Why? \_\_\_\_\_

Does anyone in the family have seasonal or pet allergies?  Yes  No

If yes please explain type of allergies and whether medical care is being provided: \_\_\_\_\_

Can you devote a minimum of one-hour daily (aside from feeding, grooming, letting the Akita in and out) of quality time with the Akita?  Yes  No

Please list your hobbies and interests, (i.e., sports, theatre, reading, etc.): \_\_\_\_\_

\_\_\_\_\_

**OCCUPATIONAL INFORMATION:**

**Applicant's occupation:** \_\_\_\_\_ **Work hours:** \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ How long employed: \_\_\_\_\_

If one-year or less, please provide the name, address, and telephone number of previous employer: \_\_\_\_\_

**Co-Applicant's occupation:** \_\_\_\_\_ **Work hours:** \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ How long employed: \_\_\_\_\_

If one-year or less, please provide the name, address, and telephone number of previous employer: \_\_\_\_\_

\_\_\_\_\_

If anyone else in your household will be caring for the Akita, please provide the following:

Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Age: \_\_\_\_\_

**LEGAL INFORMATION:**

Have you or anyone in your household ever been charged with and/or convicted of spousal, child, or animal abuse, neglect or cruelty anywhere in this or any other country  Yes  No

If so, please explain: \_\_\_\_\_

Have either you or the co-applicant currently filing, about to file, or filed for bankruptcy within the past 5 years:  Yes  No

If so, please explain who, when and why: \_\_\_\_\_

Are you informed of local zoning and dog ownership ordinances?  Yes  No

Will you be in compliance?  Yes  No

Have you ever been convicted of, pled "nolo contendere" (no contest) to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory, or country?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please give date, nature of offense, and disposition: \_\_\_\_\_

**VETERINARIAN REFERENCES:**

Please provide the following information for any veterinarians that you use, or have used in the past, to treat your pets. If additional space is needed, please use the back of this page.

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet(s) treated there (please provide names): \_\_\_\_\_

Approximate Dates Used: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pet(s) treated

there (please provide names): \_\_\_\_\_

Approximate Dates Used: From: \_\_\_\_\_ To: \_\_\_\_\_

**PERSONAL REFERENCES:**

Please provide the following information for at least two individuals, *who are not related to you*, who have known you at least one year and preferably know your current or past pets.

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we visit your home?  Yes  No

May we check your references to verify the information you have provided?  Yes  No

Remembering that Akitas rarely co-exist peacefully with same sex of any breed, and the majority of rescue dogs are adults or young adults, what sex and general age category do you have in mind to foster?

Age \_\_\_\_\_  Male  Female

Although we cannot choose dogs by coat color or coat length, do you have a preference?

Color? \_\_\_\_\_ Would you consider fostering a long coat?  Yes  No

Your social security number will be requested on your foster contract if you foster for us. For those of you worried about privacy concerns, this information is not stored in any computer files. We do not sell information given to us. We have never had any information leaks. All information given in the application or on the adoption contract will be used for adoption purposes only, and will not be released for any other purpose without your permission. We are happy to give references from previous adopters/foster homes

**AGREEMENT:**

By signing this legally binding agreement you, the undersigned, are stating that you are at least 18 years of age and that you fully understand that any misrepresentation of yourself or any untruths herein this application that are discovered at a later date will invalidate any foster agreement, disqualify you from being an adopter/foster from ARMAC, and ARMAC will immediately remove, without notice, any and all ARMAC dogs from your care. In addition, by signing this agreement you, the undersigned, are stating that you fully understand that any misrepresentation of yourself or any untruths herein this application that are discovered at a later date that disqualify you from being an foster may be shared with other humane organizations if they query ARMAC.

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

Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Should you have any questions please feel free to contact: Jodi Marcus: 703-730-0844 [akidra@comcast.net](mailto:akidra@comcast.net)  
or Lisa Gray 571-237-7335 [Lisa@akitarescue.org](mailto:Lisa@akitarescue.org)

**Please return completed adoption application to:**

***Jodi Marcus  
Akita Rescue Mid-Atlantic Coast, Inc.  
13238 Kurtz Road  
Woodbridge, VA 22193***