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Pa Boxers

PA Boxers Inc.
VOLUNTEER / FOSTER
AGREEMENT

Personal Information:

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Email: _____

Name(s) and Age(s) of adults and children in your home:

_____	_____	_____	_____
Name	Age	Name	Age

_____	_____	_____	_____
Name	Age	Name	Age

Work Hours: _____

Please tell us how you heard about PA Boxers: _____

What assistance would you be able to provide for PA Boxers?

Transport: Yes No

Home Visits: Yes No

Fund Raising: Yes No

Expos: Yes No

Foster: Yes No

Thank you for volunteering!!

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***** Only Complete if you would like to foster *****

Do you own or rent your home: _____

Type of dwelling: _____

How long have you lived at your current address: _____

Leasing Manager Approved: _____

Leasing Manager's Name: _____

Leasing Manager's Phone Number: _____

Parent(s)/Roommate(s) Approved? Yes No

Parent(s)/Roommate(s) Name: _____

Parent(s)/Roommates(s) Phone Number: _____

Do you have a fenced-in yard for the dog? Yes No

What type of fence is it: _____

Fence Dimensions: _____

Length Width Height: _____

Are you willing to reinforce or repair your fence if needed? Yes No

If no fence, what arrangements will you have for the dog's exercise and

toilet duties?: _____

Do you have a pool, pond or hot tub in your yard? Yes No

If yes, is there a fence around it? Yes No

Have you ever owned a pet before? Yes No

What happened to your previous pets: _____

Have you ever owned a Boxer before? Yes No

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Do you presently have other animals? Yes No

Please complete the following for each of your current pets.

Pet's Name: _____

Breed: _____ Age: _____

Spayed/Neutered Age Years: _____

Next Shots Due: _____

Type of Heart Worm Prevention: _____

Pet's Name: _____

Breed: _____ Age: _____

Spayed/Neutered Age Years: _____

Next Shots Due: _____

Type of Heart Worm Prevention: _____

Are you established with a vet? Yes No

Vet Name: _____

Vet Clinic Phone Number: _____

In comparison to other breeds of dogs, in your opinion, boxers need:

Same Amount of Attention: _____

The best traits of a boxer are: _____

The worst traits of a boxer are: _____

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I have knowledge to take a "problem dog". I will take a dog with the

following problem(s): _____

Is anyone home during the day: _____

At night: _____

Where will the dog be kept during the day: _____

At night: _____

When you're away: _____

Is anyone allergic to dogs? Yes No

Are you willing to have a home visit done prior to fostering? Yes No

Are you currently working with any other rescue organizations? Yes No

Name of Rescue Organization which ever I can help: _____

By submitting this form, you agree to the following statement: All of the information I have provided on this application is, to the best of my knowledge, true and complete.

Signature: _____

Date: _____

Thank you for volunteering and/or fostering!!

PA Boxers – Reviewed By: _____