

Instructions for Foster Application

1. Fill out all information requested
2. Upon completion of this form, either email the form to:

Michael Spitale:	mspitale@insight.rr.com
Joshua Beale:	joshbeale@wowway.com

OR Mail the application to:

AMRO Inc.
P.O. Box 982
Westerville, OH 43086

AMRO's Foster application will not be processed if the form is not fully completed. The information provided on the Foster application will help us determine the best Malamute for you and your family. We will check with your veterinarian as to the consistency in the level of care that your current animals receive. We also will check with your landlord (if you rent the property where you currently reside) to verify that you are permitted to have an animal the size of a Malamute in that particular residence and verify any other requirements by the landlord (i.e. pet deposit, or a limited number of animals).

Potential Fosters will not be permitted to set up a meeting with any rescue dog in another foster home or kennel until they have an approved application with AMRO. Once the potential Foster has an approved application, then arrangements will be made to have them meet with the rescue dog at a foster home or other place as designated by AMRO.

The Foster family also will be required to sign a Foster agreement at the time of the adoption. All dogs are spayed/neutered, inoculated (includes rabies, bordetella vaccination, & distemper series combination), heartworm tested and kept on monthly heartworm preventative prior to adoption. This is the basic care that each Malamute receives. If any additional medical treatment/attention is needed, AMRO will provide that to the Malamute at the direction of our veterinarians (i.e., dental, heartworm treatment for those who test positive, deworming, flea/tick preventative, etc.)

Please note than AMRO Foster Applications may take 5-10 days to process. Potential Fosters will be contacted by phone or e-mail with the status of their application once the application has been processed and reviewed.

Alaskan Malamute Rescue of Ohio Inc.

Foster Application

Name of Malamute
Of Interest: _____

Contact Information:

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____ Zipcode: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ ext. _____

Email address: _____

Best time of Day
To contact: _____

Address Information:

How long have you lived at the above address? _____

Do you Rent? _____ Do you Own? _____

Do you have a Fence? YES ____ NO ____ Type and height? _____

****IF YOU RENT****

Do you live in: House ____ Apartment ____ Mobile Home ____ Duplex ____

Does the Owner permit pets? YES ____ NO ____

Owner's Name: _____

Owner's Phone Number: (_____) _____ - _____

Family Information:

Are you Married? YES ____ NO ____ Divorced ____ Widowed ____

*If you ARE married, does your partner approve of you Fostering a Malamute: YES ____ NO ____

Your Age: _____

Is anyone in your Family Allergic to Dogs? YES ____ NO ____

Are their Children in your home? YES ____ NO ____

What are their ages? _____

Your Occupation? _____

Your Partner's Occupation? _____

Other Occupation? _____

Pet Information:

Do you have other Pets? YES ____ NO ____

Type (i.e. Dog, cat, etc.)	Age	M/F	Spayed or Neutered?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have ever owned Dogs in the past, please list the breed and what happened to them:

Can you commit to caring for a Dog for 1 to 6 months? YES ____ NO ____

Would you allow a representative of AMRO to make
A visit to see your home (by appointment)? YES ____ NO ____

What books have you read on Dog Training?

Malamute Information:

Why are you interested in Fostering one of our Malamutes?

Have you ever owned a Malamute?

Foster Dog Information:

Where will the Dog(s) stay during the day?

Where will the Dog(s) stay at night?

What do you plan to do with the Dog(s) when you go on vacation?

Vet Information:

Can you provide a Veterinarian Reference? YES ____ NO ____

If YES

Vets Name: _____

Vets Phone Number: (_____) _____ - _____

Personal References:

Please Provide 2 personal References:

Reference #1

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____ Zipcode: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ ext. _____

Email address: _____

Best time of Day
To contact: _____

Reference #2

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____ Zipcode: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ ext. _____

Email address: _____

Best time of Day
To contact: _____

General Information:

How did you hear about Alaskan Malamute Rescue of Ohio's Foster Program?

Please add any additional comments which might aid in your approval to be a Foster Home for one of our Malamutes:
