



Foster Screening Form

PERSONAL INFORMATION

Applicant: _____

Are you at least 21 years of age? Yes No

Co-Applicant: _____

Are you at least 21 years of age? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

Are you interested in a particular dog. Yes No Who? _____

Have you ever completed an application at another Humane Society or Rescue organization? Yes No

If yes, provide their name, address and phone number: _____

EMPLOYMENT INFORMATION

Applicant
Employer: _____ Occupation _____ Yrs _____

Address: _____ Phone _____

If less than one year, name and address of previous employer _____

Co-Applicant
Employer _____ Occupation _____ Yrs _____

Address _____ Phone _____

If less than one year, name and address of previous employer _____

HOUSEHOLD INFORMATION

How many people in your household? ____ What is the relationship to you? _____

If there are children, what are their ages and gender? _____

Does anyone in the household have allergies? Yes No Explain _____

Describe the general activity and noise level of your household _____

Who is home during the day? _____ Do you operate a home day care? Yes No

What are your work hours? _____ Co-Applicant _____

INFORMATION ABOUT YOUR HOME

Do you own your home? Yes No If renting, does your lease permit dogs? (copy required) Yes No

If renting, please provide the name and phone number of your landlord: _____

How long have you lived there? _____ If less than two years, give previous address:

Do you plan on moving soon? Yes No If Yes, where and when? _____

What is your lot size? _____ Is it fenced? Yes No

Where will you exercise your dog while on a leash? _____

Where will you exercise your dog while off a leash? _____

Keeping in mind the yearly costs of maintaining a dog on high quality food, heartworm preventative, flea and tick preventative, vaccinations, parasite and heartworm checks along with possible emergency care that may occur during your dog's life, will this dog fit into your yearly family budget? Yes No

YOUR DOG’S ACCOMMODATIONS

Where will the dog be during the day? _____ At night? _____

When you are away overnight (boarding, house sitter, etc.)? _____

How do you plan to confine the dog when you are away from your home daily? _____

Will there ever be a time when the dog will be left outdoors when no one is home? _____

Please explain _____

Will you crate train your dog? _____

Are there any unusual circumstances to which the dog will have to adapt? _____

Please explain _____

Are there any canine behaviors you are not willing to tolerate? _____

Please explain _____

What activities will your dog have? _____

YOUR PERSONAL FEELINGS ABOUT DOG OWNERSHIP

Why do you want this dog? _____

What do you feel are disadvantages to pet ownership? _____

What do you feel are advantages to pet ownership?

Other comments _____

PREVIOUS & CURRENT OWNERSHIP EXPERIENCE

Have you owned a dog before? Yes No

Have you owned a cat previously? Yes No

Name	Breed	Age	Sex	Spayed or Neutered?	If No, why not?	# of years you had pet	What happened to pet?
			Male	Yes			
			Female	No			
			Male	Yes			
			Female	No			
			Male	Yes			
			Female	No			
			Male	Yes			
			Female	No			
			Male	Yes			
			Female	No			
			Male	Yes			
			Female	No			

Note: It is our policy that all household pets must be altered prior to finalizing this adoption.

Have you ever taken a dog through pet training class? Yes No Where? _____

When? _____ How many levels? _____

Please describe the type of training that was utilized at the class you attended _____

What skills were taught? _____

Did you agree with the training methods utilized at the training class? Yes No

Please explain _____

If you have never taken a dog through pet training class, are you willing to? Yes No

REFERENCES

Veterinarian

What Veterinary Clinic do you plan on using? _____

Dr. Name _____ Phone _____

Address _____ City, ST _____

Is this your current Veterinarian? Yes No

PERSONAL REFERENCES

Two local individuals (not related to you who knows or has known your other animals (if possible, one of whom is a neighbor).

Name: _____ Phone: _____

Name: _____ Phone: _____

May we visit your home? Yes No When is a good time to visit? _____

ABOUT YOUR AUTHORIZATION:

I understand:

- Safely Home Canine Rescue, in an effort to ensure the best possible adoption of a pet, has the right to deny any adoption. Additionally, we have the right to conduct a home visit or telephone interview prior to the adoption and/or after the adoption to verify the wellness and safety of the pet.
- The adopter must be present and must be at least 21 years of age with proper proof of age
- Any pet over 6 months of age must be spayed/neutered prior to taking the pet home
- Adoption fees must be paid in full prior to taking the pet home (cash or check only)
- Safely Home Canine Rescue, in an effort to ensure the best possible adoption of a pet, has the right to confirm the information provided on this form, including contacting landlords, references and veterinarians
- Safely Home Canine Rescue, will not knowingly adopt a sick pet without disclosing health information and cannot guarantee the health of any pet

By signing below, I am confirming that I have read and understand the terms of this adoption agreement.

Applicant's Signature / Driver's License # Date

Date Co-Applicant's Signature

Any falsifications or misleading statements on this form will result in a dismissal of your application.

PO BOX 1618 Plainfield, IL 60544
Email: shcr@safelyhomecaninerescue.org Phone: 855-854-DOGS