



443-523-8817

Foster Application

Contact Information:

Full Name: _____

Full name of spouse/significant other: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____ Position: _____

Email: _____

Best Time to Contact: _____

Family and Housing:

Are there any children in the house: _____

List ages: _____

Anyone have any allergies to dogs: _____

What type of residence: _____

Rent or Own: _____

If renting, may we contact your landlord to verify permission for fostering a dog? : _____

Landlord name and contact number:

Do you have a fenced yard: _____

Do your neighbors own dogs: _____

About You:

Do you currently have a dog: _____

If so is it spayed/neutered: _____

Current on vaccines: _____

Monthly heartworm and flea prevention (type):

What other pets do you own: _____

Have you ever surrendered a dog: _____

If yes please explain: _____

Have you ever been in trouble with local animal control: _____

If yes please explain: _____

How long would the dog be alone during the day:

Where will the dog be kept when no one is home: _____

References:

Vet Reference: _____

Family Reference: _____

Non-Family Reference: _____

Thank you for offering to open your home to a foster dog!

Please be aware that a requirement for fostering is that a representative of Dogs Eye View Rescue will do a home visit at your convenience. Also, must be able to meet any family members living in the household or any pets.