

Puggle & Friends
Rescue & Transport



puggleandfriends@gmail.com

Foster Application Form

* First Name _____ *Last Name _____ *Date _____
*Address _____
*City _____ *ST _____ *ZIP _____
DOB _____ *Phone _____ *Email _____

*Employment _____ *Emp Phone _____

Spouse/Partner's Name _____
Spouses/Partner's Employer _____

Current Vet info.(Please contact your Vet and give them permission to release information to Puggle Rescue)If you have no animals at this time please give the name and Vet information of the Vet that you last used for your previous pets.

Veterinarian _____ Phone _____
Address: _____ City _____ State _____

Do you Rent or Own: Rent OWN

If you rent

Landlord's Name _____ Landlord's Phone _____

IF you own please check on these

Do you have a Home Owners Association? YES NO

Do you have limits on the numbers of pet you can own? YES NO

Have you owned a dog before? YES NO

Are you aware that Puggles , SHED, Snort, and Snore YES NO

Where will the dog stay when you are gone? _____

How long will you be gone during the day? _____

Do you have a fenced Yard the dog can be safe and secure in? YES NO

If Yes, how high? _____ What Type? _____

Is the yard fully enclosed? YES NO

Do you have a swimming pool? YES NO

If Yes is it enclosed or dog safe when humans are not present? YES NO

What safety measures do you have in place for outside play? _____

Where will the dog sleep? _____

Are there Children in the house? YES NO

If yes please provide sex and ages also include any visitors that visit regularly(Step-children, grandchildren)

Do you have other animals in the house? YES NO

If Yes, please give Name, breed, age, gender and health issues:

If Yes, are your pets up to date on shots? YES NO

Are your pets, Spayed or Neutered? YES NO

If No, please explain why. _____

Do you have a preference for gender of the dog? MALE FEMALE

Do you have a preference for AGE? Puppy Adult Senior

Do you want to consider a special needs dog YES NO

If Yes, have you had experience with a special needs dog? YES NO

Are you open to a bonded pair? YES NO

We will need to do a home check we can do this via Skype if needed.

Have you ever dealt with a rescue group in the past? YES NO

If yes, Name? _____ Number _____

References (Two):

Name: _____ Occupation: _____

Phone: _____

Name: _____ Occupation: _____

Phone: _____