Foster Application

Taffy’s Touch Senior Dog Rescue

Please complete this form and email to [nikki.taffystouchrescue@gmail.com](mailto:nikki.taffystouchrescue@gmail.com) or mail to:

Taffy’s Touch Rescue

894 Cherry Tree Lane

Greenwood, IN 46143

Please attempt to answer all questions as it will help us match you with a dog to best fit your needs and lifestyle.

Applicant Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_\_

How long have you been at this address? \_\_\_\_\_\_ years \_\_\_\_\_\_months

Phone number (with area code)

Home: ( ) Cell: ( )

Please circle one: Own Rent

Please circle one: House Apartment/Townhouse

Upon submission of this application, renters must include a letter from their landlord stating that it is acceptable to foster a dog and if there are any size/weight/breed restrictions.

Type of foster home you are willing to provide

\_\_\_\_\_ Long- term foster home (until the dog is adopted full time)

\_\_\_\_\_ short- term foster home (typically 2-3 weeks, until either another full- time foster or foster to adopt home is found)

Type of Dog preferred

\_\_\_\_Male \_\_\_\_\_Female \_\_\_\_\_\_ No Preference

Size: \_\_\_\_\_\_\_\_\_\_\_\_

Number of dog(s) you could foster at one time?

Any breeds you will NOT foster?

Household Information

List all residents of the household, including any part-time members (shared custody of children, regular visitors):

Name Age Relationship to Applicant

1.

2.

3.

4.

5.

Have all members of the household agreed to foster a rescue dog? Please circle one: Y N

Who will be the primary person responsible for the dog’s care?

Does anyone in your household have allergies to animals? Please circle one: Y N

Do you have a fenced in yard? Y N

Do neighbors or other individuals have access to your yard? Y N

How many hours per day will the dog be left alone?

Where will the dog be kept when no one is home?

Where will the dog be kept during the day when someone IS home?

Where will the dog be kept at night?

How many hours will the dog be kept outside?

Do you have options or arrangements available for the dog if you need to travel?

If so, what are those arrangements?

Pet Experience

Do you currently own any other pets? Y N

If so, please list them below:

Name Breed Age Gender Altered? (Y or N)

1.

2.

3.

4.

Where are these pets kept during the day?

Any behavioral issues with current pets?

If so, please describe:

References

Please list two personal references NOT currently living with you:

Name Relationship to Applicant Phone # Email

1.

2.

\_\_\_ I/We certify that the information provided in this application is true and correct.

\_\_\_ I/We authorize the rescue organization to contact all references listed to verify information provided.

Date: \_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_