



Franklin All Animal Recue Team  
Dog Foster Application

**Name of Applicant/Dog's Primary Caregiver:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell**

**Phone:** \_\_\_\_\_

**Best time to contact:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency phone (give name & phone):**

\_\_\_\_\_

**Co-Applicant's Name:**

\_\_\_\_\_

**Please list any other adults living in household:**

\_\_\_\_\_

\_\_\_\_\_

**Please list names and ages of ANY children who either live with you or visit you on a regular basis (include any grandchildren or other relatives):**

\_\_\_\_\_

\_\_\_\_\_

**Names, ages, spay/neuter status, species (dog, cat, etc.), & breed of ALL pets in your household:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**How does your dog(s) react to other dogs? (Friendly, submissive, growls, etc.):**

\_\_\_\_\_

**Are ALL dogs in your household current on ALL recommended and/or required vaccinations?  
Yes/No**

**Please list dates of last vaccination:**

**Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Other (Bordetella, Lymes) \_\_\_\_\_**

**Are ALL dogs in y our household spayed/neutered? Yes/No**

**Name, address, & phone of current Veterinary Clinic and/or Veterinarian:**

\_\_\_\_\_

\_\_\_\_\_

**Have you ever had a dog diagnosed and/or treated for heartworms? Yes/No  
If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**Do you own/rent? Live in (circle one): House/Townhouse/Apartment/Duplex/Trailer/Other**

**Do you have the landlord's permission to have a dog ? Yes/No**

**Landlord's name, address, & phone number:**

\_\_\_\_\_

**Do you have a fenced yard? Yes/No  
What type of fencing, and height of fence?**

\_\_\_\_\_

\_\_\_\_\_

**Do you allow your dog(s) to run in any unfenced areas? Yes/No  
If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**Is anyone home during the day? Yes/No**

**If not, where will the dog be kept during the day?**

\_\_\_\_\_

**If no one will be home during the day, about how many hours will the dog be left alone?**

\_\_\_\_\_

**Where will the dog be kept during the day?**

\_\_\_\_\_

**During the night?**

\_\_\_\_\_

**Are you familiar with crate training? Yes/No**

**Do you have a crate available for use with your foster dog? Yes/No**

**What type of dog training experience do you have?**

\_\_\_\_\_

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**Are you aware that your foster dog may be an adult, with an unknown history, and no prior training?**

**Yes/No**

**Are you aware that your foster dog may chew, dig, bark, jump, or display other undesirable behaviors while in your care? Yes/No**

**Are you willing to take your foster dog to the vet designated by SSR for routine vaccinations and any other medical required? Yes/No**

**Are you willing to work with your foster dog in areas such as basic obedience and house training? Yes/No**

**Have you had any experience in introducing new adult dogs into your household? Yes/No**

**Are you willing to supervise any children around your foster dog AT ALL TIMES? Yes/No**

**Please describe the type(s) of foster dogs you are willing to have in your home, i.e. seniors, puppies, adults, male, female, special need dogs (those who may be deaf, blind, recuperating from surgery, or with medical disorders such as epilepsy, low thyroid, etc.):**

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**How many dogs are you willing to foster at one time? (on occasion there may be a pair who need to remain together if possible): \_\_\_\_\_**

**Is there a preferred activity level for a dog you would want to foster?**

**Applicant \_\_\_\_\_ Date \_\_\_\_\_**

**Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_**

**Please give this form to an SSR volunteer or send the completed form and Volunteer waiver to: [Savingshepherdsrescue@yahoo.com](mailto:Savingshepherdsrescue@yahoo.com)**