



RESCUE DOGS DREAM, INC.

Address: 4190 S. Spaniel Trail, Inverness, Florida 34450
Mailing Address: PO Box 1649, Homosassa Springs, Florida 34447
Phone: (352) 501-8782
Website: <http://rescuedogsdream.com>
A 501(c) 3 non-profit organization

HOME FOSTER ANIMAL APPLICATION

Date: _____

Foster Applicant Name (Print): _____

Address: _____

Phone (Home): _____ (Cell): _____

Email: _____ (Driver's license No.) _____

Are you over 18 years of age? Yes _____ No _____

Occupation and employer _____

Please list any training, experience or education in animal care and welfare, including your own pets: _____

Please provide three personal references:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please indicate which words best describe your home: Own, rent, house apartment

_____ Do you have a fenced yard (Yes or No): _____

How many people reside in your home: Adults: _____ Children (include ages): _____

Have you adopted a rescue animal in the past? Yes: _____ No: _____

If yes, when and which rescue? _____

What animals reside in your home now: _____

Are your animals under the care of a veterinarian? If yes, please provide the name and phone number of the vet:

Are your animals current on all vaccinations, medicine (including heart worm and flea) now? (Y/N).

Do you have a location in your home to separate the foster animal from your animals if needed?

Yes: _____ No: _____

When you leave the house where will the animal be kept? _____

How long do you anticipate being a foster? _____

As a foster for Rescue Dogs Dream Inc., you agree to abide by all training requirements suggested by the trainer after evaluation of the dog, if applicable.

As a foster for Rescue Dogs Dream Inc. you agree that you will give thirty (30) days notice if you determine that you are no longer able to foster the dog your currently have OR if you no longer wish to foster for Rescue Dogs Dream Inc.

Name (Print): _____ Signature: _____

FOR RESCUE USE ONLY

DATE: _____

APPROVED: _____ BOARD MEMBER: _____