

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:			<u> </u>
Foster Applicant Name (Print):			
Address:			
Phone (Home):	(Cell):_		
Email:	(Driver'	s license No.)	
Are you over 18 years of age? Yes	<u></u>	No	
Occupation and employer			
Please list any training, experience pets:			
Please provide three personal refer	rences:		
Name:	Phone:	Relationship:	
Name:	Phone:	Relationshin:	

Please indicate which words best describ	e your home: O	wn, rent, house apartment
Do	you have a fenc	eed 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 vete number of the vet:	erinarian? If yes	s, please provide the name and phone
Are your animals current on all vaccination (Y/N) .	ons, medicine (i	including heart worm and flea) now?
Do you have a location in your home to	separate the fost	er animal from your animals if needed?
Yes: No	:	
When you leave the house where will the	e animal be kept	?
How long do you anticipate being a foste	er?	
As a foster for Rescue Dogs Dream Inc., suggested by the trainer after evaluation		
As a foster for Rescue Dogs Dream Inc. you determine that you are no longer able longer wish to foster for Rescue Dogs Dream Inc.	e to foster the do	
Name (Print):	Sign	nature:
FOR RESCUE	USE ONLY	
DATE:		
APPROVED:	BOA	ARD MEMBER: