**Foster Application**

Name of pet(s) you are interested in fostering:

**Personal Information:**

**Age:**

Name:

Address:

City, State, Zip:

Home Phone:  Mobile Phone:

Work Phone:

Email Address:

Date of Birth:

Occupation:

How long have you lived at your current address?

Do you rent or own?

Do you have a fenced yard?  \_\_\_\_\_\_ Yes     \_\_\_\_\_\_ No

​Type of Fence and height

If you do not have a fence are you prepared to walk your foster dog multiple times daily in spite of weather conditions (cold, hot, rain, snow, etc,)?  \_\_\_\_\_\_ Yes     \_\_\_\_\_\_ No

What is your family’s lifestyle like?    \_\_\_\_ Active and on the go       \_\_\_\_ Quiet and relaxed

​\_\_\_\_\_\_ Entertain frequently     \_\_\_\_\_\_ Lots of kids in and out     \_\_\_\_\_\_ Travel frequently

Do you have children?   \_\_\_\_\_\_ Yes     \_\_\_\_\_\_ No

​

If you have children, please list the age(s) – this question is asked in the case of doggies that cannot handle children of a certain age:

Why did you decide to get a foster dog?

What are you looking for in a foster pet?

Who will be responsible for taking care of the foster dog?

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

Where will the foster dog stay when no one is at home?

​When you are home?

​At night?

How and how often will you exercise your foster dog?

Who will care for your foster dog when you are out of town (vacation, etc.)?

Under what condition(s) would you have to give up your foster dog?

If I became sick or otherwise unable to care for my foster dog, who would temporarily care for my dog?

**Please explain Heartworm Infection and how it is prevented and treated:**

**Please explain Lyme’s Disease and how it is prevented and treated:**

**Current and Previous Pet Information**

Please provide the following information about your current pets:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Breed** | **Age** | **Spayed/Neutered** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If applicable, please provide the following information about any pets you have had in the last 5 years that are no longer with you:

|  |  |
| --- | --- |
| **Pet Name and Type** | **Reason Pet Is No Longer With You** |
|  |  |
|  |  |
|    |   |
|    |   |

Current Vet Name:

Practice Name:

Address:

​City, State, Zip:

​Phone Number:

Personal Reference 1 (No Family members please):

Name:

Phone Number:

Relationship:

Personal Reference 2 (No Family members please):

Name:

Phone Number:

Relationship:

**Signature:**

**Date:**

**Print Name:**

Thank you for your interest in our pets!