

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?

If you rent, provide Landlord name, address and phone:

Do you have permission from your landlord to get a foster dog? _____ Yes _____ No

Are you aware of pet deposit and monthly fees (if any) required? _____ Yes _____ No

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?

Where will the foster dog stay when you are home?

Where will the foster dog stay 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	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

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!