



Accepted	_____
Declined	_____
Initial	_____

## Foster Parent Application

Thank you for your interest in fostering an animal with Rosie's Rescue (RR). The purpose of this application is to find a foster animal that is the best fit for you and a good match with your lifestyle. Completion of this application does not guarantee placement of a foster animal. Prior to completing this application, please contact RR first.

### FOSTER APPLICANT

\_\_\_\_\_  
Full Name (First, Middle Initial, Last)

\_\_\_\_\_  
Home Street Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Applicants Age

\_\_\_\_\_  
Personal e-mail address

### EMPLOYMENT

What is your employment status?

Employee     Self Employed     Retired     Unemployed     Disability

Other \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Company Street Address, City, State, Zip Code

\_\_\_\_\_  
Office phone

\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
Work e-mail

Rosie's Rescue  
P. O. Box 1915, Port Heneme, CA 93044  
(805) 330-1401

**GENERAL**

What type of animals are you interested in fostering? Check all that apply:

Dog  Puppies  Unweaned puppies  Mother dog with litter

Other \_\_\_\_\_

What are your primary reasons for wanting to foster animals?

Please be specific \_\_\_\_\_

\_\_\_\_\_

Do you have pet(s) now?  Yes  No

If yes, list all the animals at your home. Use additional sheet, if needed:

<u>Name</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Altered</u>
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N
_____	_____	_____	M/F	Y/N

Are you willing to live with hair on the furniture, chewing of personal items, stains on your floors, indoor mistakes, digging, excessive barking, crying and any other damages that an animal may create?

Yes  No

Does everyone in the household approve of fostering an animal?  Yes  No

If not everyone, who is not wanting to foster: \_\_\_\_\_

Can you foster the animal for the full duration until he/she gets adopted by a permanent family?

Yes  No

Other \_\_\_\_\_

Are you willing to take your foster animal to pet adoption events on a regular basis?  Yes  No

Other \_\_\_\_\_

Have you fostered animals from other rescue organizations before?  Yes  No

If yes, list names of all organizations: \_\_\_\_\_

\_\_\_\_\_

Please list all previous animals you have fostered:

<u>Name</u>	<u>Breed</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Only complete this section if you are interested in fostering an adult dog

How would you rate your level of dog handling experience?

First time owner       Intermediate       Advanced

Other \_\_\_\_\_

When will the dog be inside? \_\_\_\_\_

When will the dog be outside? \_\_\_\_\_

How many hours during each day of the week will the animal be left alone at home?

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Comments: \_\_\_\_\_

Do you know how to house train a dog?  Yes  No

If yes, describe method you use: \_\_\_\_\_

What rooms are off limits to the dog? \_\_\_\_\_

Where will the dog stay when he/she is home alone with no humans at home?

Dog crate       Run of the house       Backyard       Outdoor dog run       Kitchen

Bedroom       Bathroom       Laundry room       Garage       Patio

Other \_\_\_\_\_

Where will the dog sleep at night?

Dog house       Garage       Kitchen       Crate       Patio

Laundry room       Backyard       Spare room       Master bedroom

Anywhere in the house       Bathroom       Other \_\_\_\_\_

What outside areas are available to the dog?

Fenced yard       Enclosed patio       Garage       Dog House

Unfenced common area       Other \_\_\_\_\_ Do you

have a doggie door?  Yes  No

How would you discipline your dog if he or she misbehaved? \_\_\_\_\_

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## FAMILY

List all occupants in your home:

<u>Full Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone in your household have allergies including yourself? [9](#)Yes [9](#)No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have any illness, mental or physical disabilities that may affect your ability to fully care for the animal?

[9](#)Yes [9](#)No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Are you taking any drugs or medicines that may affect your ability to fully care for the dog? [9](#)Yes [9](#)No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Does anyone, including yourself, smoke cigarettes, cigars or tobacco in the house?

[9](#)Yes [9](#)No [9](#)Occasionally

What do you like to do during your spare time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOME RESIDENCE

Type of dwelling:

[9](#)House [9](#)Condo [9](#)Apartment [9](#)Town home [9](#)Mobile home

[9](#)Other: \_\_\_\_\_

Do you rent or own? [9](#)Rent [9](#)Own [9](#)Live with parents or relatives

How long have you been living at this address? \_\_\_\_\_

If renting, do you have your landlord's permission to have a dog? [9](#)Yes [9](#)No [9](#)Not Applicable

If renting, may we contact your landlord? [9](#)Yes [9](#)No

Landlord's name and phone number: \_\_\_\_\_  
\_\_\_\_\_

Is there a swimming pool on the property? [9](#)Yes [9](#)No

If yes, does the swimming pool have a perimeter fence? [9](#)Yes [9](#)No

Only complete this section if you have a backyard.

What type of backyard fencing do you have? Check all that apply:

Chain link     Wood     Concrete wall     Wrought iron     Stucco wall

There is no backyard fencing

Other: \_\_\_\_\_

Height of fence?      Highest point: \_\_\_\_\_      Lowest point: \_\_\_\_\_

What is the condition of the fencing?

Excellent     Good     Fair     Poor     Not Applicable

Other: \_\_\_\_\_

What kind of ground surface area is right below the fencing?

Dirt     Concrete     Wood     Not Applicable

Other: \_\_\_\_\_

Are you willing to make any necessary repairs or improvements to the backyard to create safety and security for the new dog?  Yes  No

Other: \_\_\_\_\_

Are there gates?  Yes  No

How many gates? \_\_\_\_\_      What is the height of each gate? \_\_\_\_\_

Is there any type of locks on the gate(s)?  Yes  No

Other: \_\_\_\_\_

Who has access to your yard?

Gardener     Pool man     Utility worker     Neighbor     Always left unlocked

No other persons have access to the yard

9Other: \_\_\_\_\_

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All Prospective applicants will be required to have a home visit completed by a RR member to ensure that the home is a safe and secure environment for the animal.

I understand that a home visit by an RR member is required: \_\_\_\_\_ (initial)

By your application here, we will add your personal email address to our email distribution list. The email distribution list is used **ONLY** to notify persons of animals in need of adoption or fostering, special events or general announcements.

Check here if you **DO NOT** want to be placed on our email distribution list. By checking here, this will **NOT** affect your application.

As a foster, I understand that I am responsible to take the dog to **ALL** events \_\_\_\_\_(initial)

I certify this application has been completed with integrity and accuracy to the best of my knowledge.

Foster Application Agreed and Acknowledged:

\_\_\_\_\_ signature

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

Upon completion of this application, please fax, mail or email to:

Rosie's Rescue  
ATTN: Alison Grau  
P.O. Box 1915  
Port Hueneme, CA 93044

Tel (410) 800-8342

Email: [volunteer@rosiesrescue.org](mailto:volunteer@rosiesrescue.org)

