



Saving Dogs Without Prejudice

Thank you for your interest in becoming a foster parent, please fill out the application below so that we can find a dog that's best suited for your lifestyle. We want your experience in helping a dog in need to be as pleasant and rewarding as possible. We wouldn't be able to save dogs without your help.

FOSTER APPLICATION

1. NAME: _____
2. ADDRESS AND NEIGHBORHOOD: _____

3. HOME TEL: _____ CELL: _____
4. EMAIL: _____
5. HOW MANY ADULTS LIVING IN THE HOME? _____ HOW MANY CHILDREN? _____
AGES? _____
6. DO YOU OWN OR RENT? _____ IF RENT, PLEASE HAVE YOUR LANDLORD'S
PERMISSION TO FOSTER A DOG.
7. DO YOU LIVE IN A HOUSE OR APARTMENT? _____
8. DO YOU HAVE A YARD? _____
9. IF SO, IS THE YARD COMPLETELY ENCLOSED? _____ PLEASE CHECK THE ENTIRE
PERIMETER FOR HOLES AND CRACKS AND ANY OTHER WAYS A DOG COULD SQUEEZE
THROUGH.
10. DOES ANYONE ELSE HAVE ACCESS TO YOUR YARD (NEIGHBOR, GARDENER, MAID...)?
_____ IF SO, WILL YOU ASK THEM TO USE CAUTION IN ORDER TO NOT LET THE DOG
OUT? _____



11. DO YOU HAVE ANY OTHER PETS? _____ PLEASE LIST:

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

12. IF YOU ALREADY HAVE A DOG, ARE ITS VACCINATIONS CURRENT? _____

13. DO YOU HAVE A PREFERENCE OF WHAT TYPE OF DOG YOU WOULD LIKE TO FOSTER (CERTAIN BREEDS, SIZE, MALE, FEMALE, ETC.)? _____

14. WHY ARE YOU INTERESTED IN FOSTERING A DOG? _____

15. HOW MANY HOURS WILL THE DOG BE LEFT ALONE ON A TYPICAL DAY? _____

16. WHERE WILL IT BE KEPT WHEN YOU ARE HOME? _____
WHEN YOU ARE OUT? _____ AT NIGHT? _____
ARE YOU WILLING TO BASIC TRAIN? _____

18. ARE YOU WILLING TO GIVE MEDICATION SUCH AS ANTIBIOTICS, EAR DROPS, EYE DROPS, ETC.? _____

19. ARE YOU AWARE THAT NOT ALL DOGS ARE HOUSEBROKEN AND WILLING TO HOUSETRAIN? _____

20. ARE YOU ABLE TO DROP OFF AND PICK UP YOUR FOSTER DOG **EVERY** SATURDAY FROM 1-4 AT OUR ADOPTION FAIR (NEAR THE GROVE AREA)? _____