



Dog Foster Care Application

Note: Dog Foster Care application approval may be subject to a 48 hour waiting period

DOG NAME: _____ DATE: _____

Applicants Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Place of Employment: _____

Employment Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Do you work: Full time _____ Part time _____

Spouse Name: _____

Spouse Place of Employment _____

Employment Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Do you work: Full time _____ Part time _____

Do you rent or own your home? RENT _____ OWN _____

Home type: (circle the following choice which most closely applies)

HOUSE TOWNHOUSE CONDO APARTMENTMOBILE HOME

LIVE w/RELATIVE or FRIEND OTHER (briefly explain)

How long have you lived at your current address? _____

If you rent, please provide the following:

Landlord Name: _____ Landlord Phone: (____) _____

Are you planning on moving within the next year? YES NO (circle one)

Are you considering fostering one of the following: (circle one)

ADULT DOG (over 1 year old) ADOLESCENT (4 months to 1 year old) PUPPY (2-4months old)

Where will the dog be kept during the day? _____



At night? _____ When left alone? _____

How many hours a day will the dog be left alone, without human companionship? _____

Do you often travel for extended periods of time? YES NO (circle one)

If you indicated YES, how will you provide for the dog while you are away? _____

How many persons permanently reside in your home? _____ Number of Adults _____

Number of Children _____ Ages of Children _____

If you have children residing in your home, will this be your children's first experience having an adult dog or puppy as part of your household? YES NO (circle one)

Is anyone in your household allergic to animals? YES NO (circle one)

If you indicated YES, please identify the allergy type: _____

What action would you take if someone within the household became allergic to the dog after you take it into your foster care?

Are you familiar with Crate Training? YES NO (circle one)

Would you Crate Train a foster dog if it was necessary? YES NO (circle one)

How do you intend to physically contain a foster dog? _____

Do you have a fenced-in yard or section on your property? YES NO (circle one)

If you indicated YES, how high is the fence? _____

What type fencing is being used? _____

How do you intend to train a foster dog? _____

How do you intend to exercise a foster dog and how often? _____

Do you presently own or foster any pets? YES NO (circle one)

If you indicated YES, please provide the following information for each pet:

Date of last Vet

Breed Name/Age Sex Neutered/Spayed? Shots Current? Vet Clinic Name Visit (Mo/Yr)



(use back of this form if you need additional space)

If you presently do not own a dog, have you owned one or more dogs previously? YES NO (circle one)

If you indicated YES, what became of your dog or dogs? _____

Are you aware that some shelter animals have unknown medical backgrounds? YES NO (circle one)

Will you be able to take your foster dog to a Pet Refuge, Inc. sponsored Dog Adoption event at least twice each month? YES NO (circle one) If you indicated NO, please explain:

Are you familiar with dog-related heartworm disease? YES NO (circle one)

Do you intend to place your foster dog on heartworm medication? YES NO (circle one)

For many reasons, it can take several months to adopt-out a foster dog. Are you prepared to care for a foster dog for an extended period of time? YES NO (circle one)

Do you fully understand the responsibility that fostering a dog entails, and are you willing to assume this responsibility? YES NO (circle one)

Please list two character references (with phone numbers). If you presently own pets, you may use your veterinarian as one of your references.

1. _____

2. _____

By affixing my signature to this form, I confirm that the above statements are true and factual.

Signature: _____ Date: _____



- Pet Refuge, Inc. is an all-volunteer, non-profit organization. Accordingly, **we reserve the right to determine the appropriate home for each dog in our care.**

To assist in the evaluation of the effective and proper allocation of our limited resources, please indicate how you learned about Pet Refuge, Inc. Circle all that apply:

RADIO TV NEWSPAPER Pet Refuge WEBSITE FRIENDS
PRIOR EXPERIENCE OTHER: _____

Thank You!