



DOG FOSTER

HOME CHECK DATE: _____
 CONDUCTED BY: _____

Your Name _____
 Profession _____
 Phone _____ cell home business
 Phone _____ cell home business
 Email _____
 Address _____

Who are you interested in fostering? adults puppies
 special medical needs special socializing needs

Do you have any previous fostering experience? yes no
 If yes, with whom? _____

Do you have any previous experience as an animal owner? yes no

Do you have any pets currently? yes no

If yes, please list: (Name, species, age)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Type of home you live in: house apartment townhouse other: _____

Do you have a yard? yes no

If yes, is it fenced-in? front: yes no back: yes no

If yes, what type and height? front: _____ back: _____

How many hours would your fosters be without human companionship on average? _____

Other people who live in your household:

- Name, relationship, age: _____
 Name, relationship, age: _____
 Name, relationship, age: _____
 Name, relationship, age: _____

Can you transport fosters to and from the rescue for vaccines and adoption days? yes no

Please list any limitations you may have: _____

Please list any other information that will be helpful to your application: _____

How did you hear about us? _____

I hereby certify that the above information is true and correct.

Signature _____ Date _____