

Logo
Name and address of rescue
email

Application to Provide Temporary Care (foster) to a (CAAt / Dog / Rabbit / _____)
from (name of rescue)

Please return form to: Rescue name and address / Fax / email

Name: _____ Date: _____

Address: _____

City / State: _____ Zip: _____

E-mail: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____

1. Type of home you live in? Apartment/Condo ! Town home ! Single family home !

2. Do you own your home? Yes ! No !

3. Do you rent? Yes ! No !

a. If you rent, does your landlord permit pets? Yes ! No !

b. If you rent, is there a weight or size limit on pets allowed? Yes ! No !

If yes, what is the limit? _____

4. Do you have a fenced-in yard? Yes ! No !

a. If yes, briefly describe it: _____

b. If no, do you agree to keep the pet on a leash outdoors? Yes ! No !

5. Do you currently have any dogs, cats, or other pets of your own? Yes ! No !

a. If yes, please describe each of your pets (age, breed, male/female): _____

6. Are your pets current on vaccinations? Yes ! No !

7. Have your pets been spayed/neutered? Yes ! No !
8. Have you ever given up a pet? Yes ! No !
a. If yes, please explain. _____
9. How many people reside in your household: Adults_____ Children_____
10. What are the ages of everyone residing in your household: _____

11. Which family member will be the pet's primary caregiver? _____
12. How many hours a day will the pet be left alone? _____
13. Are you willing to house-train a pet if necessary? Yes ! No !
14. Where will the pet be kept during the day? _____
15. Where will the pet be kept at night? _____
16. Have you ever crate-trained a pet before? Yes ! No !
17. Do you have a crate available for your foster pet? Yes ! No !
a. If yes, what is the crate size? _____
18. Do you have a veterinarian? Yes ! No !
a. If yes, name of veterinarian: _____
b. Veterinarian phone number: (_____) _____
19. What pet names and last name are your records under? _____

20. If necessary, are you willing to take your foster pet to a veterinarian approved by (name of rescue)?
Yes ! No !
21. Are you willing to have someone from (name of rescue) visit your home prior to fostering and at any
time while you have a (name of rescue) pet? Yes ! No !

22. Are you willing to care for a special needs or senior pet? Yes ! No !

23. Will you be able to provide your foster pet with quality brand food? (By this, we mean food other than generic, store or Ol' Roy brands.) Yes ! No !

24. Have you ever owned or fostered a rescue animal before?

a. If yes, explain. -----

I hereby certify that all the information supplied by me on this form is true. I understand that falsifying anything on this application or at any other time during the period I am caring for a Dogs Forever dog will disqualify me from caring for a (name of rescue) in the future.

Date

Signature
