



FOSTER APPLICATION FORM

Form to be filled out by whoever will be the dog's primary caretaker. (Must be turned in in person)
Applicants will be required to have a home visit and reference checks.

Name _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Best time to contact: _____ E-mail: _____
Name of secondary caretaker: _____
Work Phone: _____ Cell Phone: _____

Please list any other adults in your household: relation to you, gender and please specify if anyone is disabled, elderly, or frail (this is to help us make sure we make the right match).

Please list gender and ages of children/teens who either live with you or visit you on a regular basis (eg grandchildren, neighbors, kids, friends) _____

Names, ages, spay/neuter status, species (dog, cat, etc.), & breed of ALL pets in your home: (use back if necessary)

Please provide references of 2 people that know you well & are willing to verify your ability to properly care for a foster.

Name: _____ Phone: (_____) _____ Years Known: _____
Address: _____
City/State/Zip: _____

Name: _____ Phone: (_____) _____ Years Known: _____
Address: _____
City/State/Zip: _____

Would you describe your main vet as: Modern sophisticated average simple not very high tech Comments:
Do you have access to emergency veterinary clinic or specialty clinics? Yes No

Name: _____ Phone#: (_____) _____
Address: _____ City/State/Zip: _____

Do you: own or rent your home? Live in: House Townhouse Apartment Condo Duplex Trailer
Other _____

If you rent - Do you have the landlord's permission to have a dog? (we will need proof in writing)

Yes No Are there restrictions? Yes No If yes, what? _____
Landlords Name: _____ Phone: (_____) _____ How long have you rented? _____
Address _____ City/State/Zip: _____

Do you have a fenced yard? Yes No What type of fencing and height of fence? _____
Is your yard totally fenced? Yes No Do you have a fenced enclosure (kennel) to contain your foster? Yes No
Do you allow your dog(s) to run in any unfenced areas? Yes No If yes, please explain: _____

Why do you want to foster?

Might you want to adopt the animal you foster? Yes No How long can you commit to fostering? days months

Are there any dates in the near future where you will not be available _____

What kinds of medical conditions have you had experience handling?(seizures, diabetes, heartworm, deafness, blindness, ear infections, etc) _____

How does your dog(s) react to other dogs? _____

Who cares for your pets when you are not home?

Name: _____ Phone(____) _____

Address: _____

Are ALL dogs in your household current on ALL recommended and/or required vaccinations? Yes No
(we will need proof of that before placing a dog with you)

Where will the foster spend most of its time? inside outside both

Where will the foster sleep at night? on the bed loose crate confined to specific area other

Where will you keep your foster when no one is home? house kennel yard crate confined to specific area
If no one is home during day, about how many hours will the dog be left alone? _____

Are you familiar with crate training? Yes No Do you have a crate to use with your foster dog? Yes No

Are you aware that your foster dog may be an adult, with an unknown history, and no prior training? Yes No
Are you aware that your foster dog may chew, dig, bark, jump, or display other undesirable behaviors? Yes No

Is your dog(s) obedience trained? Yes No

Are you willing to work with your foster dog in areas such as basic obedience and house training? Yes No

Have you had any experience in introducing new adult dogs into your household? Yes No

If yes, please describe how this was accomplished: _____

Although we always disclose any known behavior and/or aggression issues about a dog, are you willing to accept the risk of a dog bite to yourself, another person or animal while this dog is in your care? Yes No

Are you willing to supervise any children under 10 around your foster dog AT ALL TIMES? Yes No

Please describe the type(s) of foster dogs you are willing to have in your home, i.e. seniors, puppies, pregnant, intact (until neutered) male, female, special needs dogs or describe what you would definitely NOT.

How many dogs are you willing to foster at one time? _____ (there may be a pair who need to remain together if possible)
Is there a preferred activity level for a dog you would want to foster? _____

Please describe your level of experience as a dog owner, and provide an honest assessment of your abilities to recognize and deal with any problem behaviors a foster dog might exhibit. Mention any personal experiences you may have had (i.e. barking, growling, possessiveness of food or toys, chewing, digging, jumping, lack of house training, etc.):

****Submission of form does NOT guarantee placement of a foster dog**

Foster/Volunteer Signature_____ Date:_____

LuvnPupz Representative Signature:_____ Date:_____

<p><i>For Internal Use</i></p> <p>Reference Checks Completed: Y / N</p> <p>Home Check Completed: Y / N</p> <p>Date of Check: _____</p> <p>Initials of Home Check Representative: _____</p> <p>Foster Approval: Y / N Board Member Initials: _____</p>
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