

**Foster Application**

Please fill out completely. Do not leave any sections blank. Please be sure to EMAIL your application to [adoptsch@gmail.com](mailto:adoptsch@gmail.com) and **include a picture of your house and yard with your application.** Spouses should be listed as co-applicant.

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| Applicant Name: | | | |
| Full Address (include city, state, zip): | | | |
| Home Phone: | Cell Phone: | | |
| Work Phone: | Email: | | |
| Workplace/Position: | | | Length of time on job: |
| Co-Applicant Name: | | | |
| Home Phone: | Cell Phone: | | |
| Work Phone: | Email: | | |
| Workplace/Position: | | Length of time on job: | |

**Living Conditions**

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| How long have you lived at your current address? | | Do you rent or own? |
| If you rent, do you have permission from your landlord to foster an animal? | | Are you aware of any required pet deposits? |
| If you rent, please provide landlord’s name and phone number. | | |
| Do you have a fenced yard? | Type of fence and height? | Approximate size of fenced yard area. |
| If you do not have a fence, how do you plan to ensure the animal receives safe, adequate exercise? | | Do you have a doggy door? Will the dog have access to it when no one is home? |

**Family Life**

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| Tell us about your family’s lifestyle. Include any activities in which the animal  would be involved. Please also note any special needs or allergies, so we can ensure the dog is a good fit for your family. | |
| How many adults live in household? | Include ages of ALL family members (including you and your spouse). |
| How many children live in the house? Please include ages and any special needs. | |
| If no children, how often would the dog be in contact with children (visiting family, neighbors, etc)? | |
| If you have children, how will you acclimate the children (and their friends) to the dog? | |
| Do you have any questions or concerns about fostering? | |
| Please indicate the reasons you would return a foster animal back to our rescue:  Medical problems  Children lose interest  Behavioral problems  Not getting along with other pets  Too time consuming  Shedding  Getting out of yard  Allergies  Housebreaking problems  Other – Please be specific: | |

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| How many hours daily will the dog be alone (without humans)? | Where will the dog stay when you are NOT home? |
| Where will the dog primarily spend time when you are home? | Where will the dog stay at night? |
| Will you help us to evaluate the animal and his/her behavior in order to market him/her and best place in a home? | Will you help train and housebreak the animal to make him/her more adoptable? |
| Are there any behaviors you are NOT willing to work with? | |
| Would you consider a dog that has special needs (such as one who requires medication for a permanent, but controlled condition)? | |
| **Do you understand the state and local ordinances concerning licensing and/or leashing?** | |
| **Have you, or any member of your family/household been cited for leash law violations or cruelty to animals in the past?** | |

**Please give name and phone number for TWO references who are familiar with your experience as a pet owner. One should *not* be a family member.**

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**Please list current pets:**

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| **Name** | **Breed** | **Age** | **Weight** | **Spayed/Neutered** |
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**Please list any pets that you had within the last 5 years who are no longer with you.**

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| **Pet Name and Type** | **Reason Pet Is No Longer With You** |
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**Vet Information – Please be sure to call your vet to give permission to release information to us for a reference check.**

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| Full name, address, phone number of current vet. |
| **If your vet records are under an alternate name than the primary applicant on the application (spouse, maiden name, ex-spouse, parent, etc.) please list the name or names here. If we cannot obtain vet records based on the information provided, your application will be declined without further notification.** |
| Full name/address/phone of any vets you’ve used in the last 5 years. |
| Applicant Signature: |
| Date: |