



REFUGE RESCUE

Dog Foster Application Form

www.RefugeRescue.org
678.250.DOGS

Foster Applicant Information:

Submission Date: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Best time to call: _____

Email address: _____ Gender: _____ Age: _____

Employer: _____ Length of current employment: _____

Type of Employment: Full Time Part Time Self Employed Retired
 Unemployed In College Work from home/Stay at home

What dog(s) are you interested in fostering? _____

Preferred size: _____ Gender: _____ Age: _____

Household Information:

Names / ages of adults living in your home: _____ Name / ages of children living in your home: _____

Current Residence: Own Rent Length at current residence: _____

Type: Single Family Home Townhouse / Condo Apartment Other: _____

If renting, do you have your landlords permission to foster animals? Yes No

If renting, name and phone number of landlord: Name: _____

(By providing this information you are allowing RR to contact your landlord.) Phone: _____

Any Fencing? Yes No If yes, Height: _____ Type: _____

Pet Information:

Over the past five years, list the pets have you owned (include current pets):

NAME	TYPE OF ANIMAL	SIZE	AGE	OWNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are the listed pets spayed/neutered? Yes No Are the listed pets up to date on vaccines? Yes No

Are they on monthly flea prevention? Yes No Are they on heartworm prevention? Yes No

Veterinarian Information:

Do you have a regular veterinarian? Yes No

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Do you give Refuge Rescue permission to contact your veterinarian for a reference? Yes No

Have you ever fostered with another organization: Yes No If yes, what group? _____

Are you fostering currently? Yes No

Have any of your pets displayed aggression toward another animal? Yes No

If yes, please explain the circumstances: (food, toys, affection, etc) _____

Do you believe in crate training? Yes No

If yes, how many hours at a time will the foster be in crate? _____

How many hours will the foster animal be left unattended? (work day, weekends) _____

Where will the foster animal stay while you are not at home? _____

Where will the foster animal sleep? _____

Are you willing to take the dog to our vet if it is sick? Yes No

Are you able to attend adoption events each month? Yes No

Are you willing to work on training including: 1) Potty training: Yes No 2) Leash training: Yes No

Can you foster until the dog is adopted? _____

Does your county, city or neighborhood have limits on number of pets animals per home? Yes No

Personal References: *Please list someone who is familiar with both you and your pets...*

Reference 1 Name:

Address: _____

Phone: _____

Relationship: *(relative, neighbor, friend, etc.)* _____

Reference 2 Name:

Address: _____

Phone: _____

Relationship: *(relative, neighbor, friend, etc.)* _____

X Signature: _____

Date: _____

When complete, please email to: info@refugerescue.org