



CANINE FOSTER CARE APPLICATION

Name: _____ Phone # () _____ - _____

Address: _____ Cell ph # () _____ - _____

(city) _____, NY (Zip) _____ Email: _____

Employers Name: _____ Work # () _____ - _____

Who is your present veterinarian or, if none at this time, who do you plan on using?

Name: _____ Phone # () _____ - _____

Address: _____ (city) _____, NY (Zip) _____

List 2 references other than family members? (you may use your veterinarian) Someone that knows you and can provide insight on your character, how you feel about pets, how you treat pets, etc). These references cannot live in your home.

Name: _____ Phone # () _____ - _____ Email _____

Name: _____ Phone # () _____ - _____ Email _____

What type of home do you live in? : House Condo/Townhouse Apartment Trailer Home

Do you have a fenced yard? Yes - Fully Fenced Yes - Partially Fenced No

If you answered YES, list type (wood, chain link, boundary ground wire), etc) : _____

Do you own your own home? Yes No

If you rent, Please provide the landlord's or owner's name and number. You must have approval to have a dog from your landlord, or home owner. Please provide the information so that we may contact them.

Name: _____ Phone # () _____ - _____

Number of people living in the home? (count yourself): _____

Number of people under 21 years old? _____

Please list the relationship and ages for individuals under 21

_____ AGE _____ _____ AGE _____

_____ AGE _____ _____ AGE _____

Are you aware of any allergies to pets in your household? No Yes (explain) _____

Reasons why you want a dog (List all the reasons, Example: House pet, guard dog, companion, companion for my other dog, etc.) _____

Have you ever owned a dog before? Yes No

If yes, what happened to that dog? _____

Are there any dogs or cats currently living at your residence? Yes No

If Yes, are these pets current on vaccinations? Yes No

Are they on monthly Heartworm protection? Yes No

Are ALL dogs and/or cats spayed or neutered? Yes No

If No, please explain why: _____

Please list ALL pets living in your residence (both indoor and outdoor)

Name	Species	Age	Sex	Spay/neuter status
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What type of exercise will you provide for your dog? Walk on leash _____ Fenced yard _____ Tie-out _____

Where will your new dog be when everyone has left the house?

Loose in house *once comfortable in our home* _____ In garage _____

In a crate or kennel _____ Outside _____

Other (please explain) _____

How many hours will the dog be left alone (on a average day) ?

8-9 hrs during day, no potty breaks 6-8 hours 4-6 hours 2-4 hours 0-2 hours

Where will your dog sleep at night (check all that apply)?

Inside with us, free _____ Inside, in a crate/kennel _____

In the Garage _____ Outside doghouse/shelter _____

Other (please explain) _____

What is the Save-a-Pet name and breed of the dog you are interested in? _____

If the dog you are interested in is no longer available, should we continue to process your application so that you can be pre-approved for any future dogs we may have? Yes No

If Yes, List any size or breed preference and the qualities in a dog that would best suit your home. _____

Are you willing to have a Save a Pet rescue volunteer do a home visit? Yes No

I HAVE ANSWERED ALL QUESTIONS AND PROVIDED ALL NEEDED REFERENCES TRUTHFULLY AND HONESTLY TO THE BEST OF MY KNOWLEDGE. I WILL DO MY BEST TO COMPLY WITH Save a Pet RESCUE ADOPTION POLICIES, WHICH INCLUDE PROVIDING A LOVING AND SAFE ENVIRONMENT FOR THE LIFETIME OF MY NEW DOG.

Signature _____ Date _____