



# FUR-EVER HOME RESCUE

Because They ALL Deserve a  
Fur-Ever Home of Their Very Own.

## FOSTER HOME APPLICATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Name of Spouse/Partner: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### List all people living in household:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### FOSTER PREFERENCES

Gender:  Male  Female Breeds/Types: \_\_\_\_\_

Would you consider a mixed breed?  Yes  No

Age (check all that apply):  Under six months  6 months-1 year  1-2 years

2-5 years  Mature (6-10 years)  Senior (10+ years)

Why do you want to foster a rescued dog? \_\_\_\_\_

Are you willing to foster a special needs dog?  Yes  No

Do you have any experience with special needs dogs? \_\_\_\_\_

Do children visit your home:  Yes  No If yes: Ages: \_\_\_\_\_ Frequency: \_\_\_\_\_

Are you willing to supervise the dog at all times when children under 10 years old are present?  Yes  No

### DWELLING INFORMATION

Type (i.e. House, Apt, Condo, Mobile Home, etc.): \_\_\_\_\_  Rent  Own

If Rent, Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long do you expect to be at your current residence? \_\_\_\_\_

How will you contain the dog on your property? Fence Type \_\_\_\_\_ Height \_\_\_\_\_

Tie-out  Dog run/kennel  Other \_\_\_\_\_

How will the dog be exercised: \_\_\_\_\_

How often:  Daily  Every 2-3 days  Weekly  Other \_\_\_\_\_

Who will supervise the dog while outdoors? \_\_\_\_\_

Where will the dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Have you ever been convicted of cruelty to animals?  Yes  No

Have you ever been convicted of a Misdemeanor or Felony:

Animal Abuse Related Crime:  Yes  No

Crime of Violence, Neglect, or Abuse:  Yes  No

Drug Related Crime:  Yes  No

**PET CARE PHILOSOPHY**

What behaviors or circumstances could you not tolerate? (Check **all** that apply)

- Jumping on Furniture
- Digging in the Yard
- Nipping when Excited
- Chewing on Furniture
- Pulling on Leash
- Chronic Medical Condition or Expenses
- Jumping on People
- Chasing Cats
- Excessive Shedding
- Housebreaking Difficulties
- Lunging at Other Dogs
- Other \_\_\_\_\_
- Barking at Every Noise
- Begging for Food
- Getting in the Garbage
- Guarding Food or Toys

Do you understand that some dogs may have house-training problems?  Yes  No

Who will care for the dog during vacations or overnight trips? \_\_\_\_\_

**CURRENT PETS**

Please list all dogs, cats, or other household pets:

		<u>GENDER</u>	<u>SPAY/NEUTER</u>
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Breed: _____	Age: _____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No

Did you have any pets in the past 3 years that are no longer with you?  Yes  No

If yes, what happened to them? \_\_\_\_\_

Do all of your current pets get along well with other animals?  Yes  No

If no, please explain: \_\_\_\_\_

Do all your pets receive:

Regular veterinary care?  Yes  No Up-to-date on vaccinations?  Yes  No

What heartworm preventive do you use? \_\_\_\_\_

Do you own any other types of pets or livestock? If yes, please explain what types: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REFERENCES (Only ONE Relative or In-Law)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Are you willing to have a representative do a home visit?  Yes  No

Home Visit preferred time frame: FROM \_\_\_\_  am  pm TO \_\_\_\_  am  pm

I understand that if I foster a dog for Fur-Ever Home Rescue, I will be responsible for the dog while it is in my care. The Rescue will remain responsible for medical care while the dog is in foster.

I further understand that when a permanent home is found for the dog, I will return the dog to Fur-Ever Home Rescue. An adoption fee is required when the dog is adopted. I understand that if I foster a dog and decide (with the agreement of Fur-Ever Home Rescue) that I want to adopt the dog, that I will be subject to an adoption fee as stated above.

Foster Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Foster Signature: \_\_\_\_\_

.....

Foster Spouse/Partner Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Foster Spouse/Partner Signature: \_\_\_\_\_

**When complete, please send form to:**  
**eMail: [morgan@foreverhomerescue](mailto:morgan@foreverhomerescue)**  
**FAX: (855) 571-4133**