



Foster Information Form 2018

Full Name:		Partners Name:			
Street Address:					
City:		Province:		Postal Code:	
Home Phone:		Cellular Phone:			
E-mail 1:		E-mail 2:			
Number of adults (21+) in home:		Your Age:		Average adult age range in home:	
Number of children in home:		Age Range:		Age Range:	
Have children been taught how to relate to dogs?		Yes No		Number of seniors in home:	
				Are seniors used to dogs?	
				Yes No	
Housing Type:		Rent/Own?		Rent Own	
If rent, do you have landlord(s) approval?		Yes No		Landlord(s) Name:	
				Landlord(s) Phone Number:	
Approximate yard size:		Is the yard fenced?			
Approximate fence height:		If fencing is in need of repair, will it be fixed immediately or prior to foster?			Yes No
Inside stairs?		Yes No		Outside stairs?	
				Yes No	
How long are you able to foster?					
Do you have dogs now?		Yes No		How Many?	
				Breeds?	
Male/Female/Both?		Male Female Both		Age Ranges?	
Why do you want another dog?					
Are your dogs neutered/spayed?		Do you have cats?		Yes No	
				Are cats used to dogs?	
				Yes No	

Do you have other pets that will interact with the dog(s)?	Yes No	Will your canine companion be indoors or outdoors when you are out?	Indoors Outdoors
Where will the dog sleep at night?			
What food do you feed your dogs?			(We can provide food for the foster dog/s)
Have you ever done special training with a dog?	Yes No	If so, what type of training?	
How would you describe your lifestyle?		What outdoor activities do you engage in?	
What exercise will you provide for the dog?			Hours per day?
How many hours per day will the dog be alone?		What is your normal work schedule?	
Have you ever owned a "rescued" animal prior?	Yes No	If Yes, Describe:	
Have you ever owned a "special needs" animal prior?	Yes No	If Yes, Describe:	
Have you dealt with behavioral issues before?	Yes No	If Yes, Describe:	
Have you crate-trained an animal before?	Yes No	Have you house-trained an animal before?	Yes No
If necessary, how do you plan to discipline the dog?			If yes to either, did you find the training difficult?
What do you expect from a dog?			Yes No
Have you applied to any other rescue shelters/groups?	Yes No	If Yes, which ones?	

Employment (include partner if there is one):

(1) Occupation:

Employer:

How many years?

Work hours?

Can you be
contacted at work?

Yes
No

If Yes, work number:

Name of
Veterinarian:

Phone Number:

(2) Occupation:

Employer:

How many years?

Work hours?

Address:

I hereby certify that all information supplied on this application is true.

Name:

Name:

Dated this day:

If you have pictures of your home and yard, please attach with application form or e-mail separately.