



Canine Foster Care Application

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Secondary Contact: _____ Phone _____

Foster preference? Check all that apply.

- 100+ Days in shelter pups: Pets that have been at our shelter longest
- Socialization needs: Shy/Timid pets needing a calm, patient home
- Behavioral Needs: Pets undergoing Behavior Modifications
- Mothers and puppies or pregnant mothers
- Medical Needs: Pets with medical conditions
- All other dogs! Size/Age preference: _____

Please detail any experience you have had modifying behavior: _____

Have you fostered animals before? Yes No

If so, with what organization(s): _____

May we contact them? Yes No

What pets do you currently have? Cats Dogs Others None

Are your pets spayed/neutered and current on vaccines? Yes No

Are you able to keep the fosters separate from your personal pets if necessary? Yes No

Are there children in the home/visiting frequently? Yes No No Ages: _____

Are you willing to assume the risks and responsibilities that come with fostering? Yes No

I certify that all of the above information is true and accurate regarding my abilities and situation as a foster parent.

Signature: _____ Date: _____