

Foster Survey

Thank you for your interest in helping a dog at the shelter through fostering.
By filling out the form below you will help us better match a needy dog
to your home. We look forward to working with you soon!

Name: _____ Driver's License #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

unless otherwise noted, e-mail will be the primary means of contact.

Phone #s (in order of preference) : _____

Names and relationship of all others in household (include ages of children)

Does anyone in the homes have allergies to animals?: _____

Type of Housing (circle all that apply):

Own	Rent	Live with Parents	Military
House	Condo	Apartment	Mobile

Landlord Name and Phone Number: _____

Where will the dog be kept...

During the day?: _____

At night?: _____

Describe the dog's play area: _____

Do you have a fenced yard?: YES NO

If yes, height and type of fence: _____

On average, how long will the dog be alone during the day?: _____



FCDS highly recommends crate training for all dogs. Are you willing and able to crate-train a foster dog? YES NO

How and where do you plan to exercise the foster dog?: _____

How often will the dog be exercised?: _____

Please tell us about your current pets:

<u>Pet's Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Spayed/ Neutered?</u>	<u>Inside or Outside?</u>	<u>How long have you had this pet?</u>

Vet's Name and Phone #: _____

What behavior issues have you experienced in the past and how did you resolve them?:

Do you have any dog training experience? If so, what methods did you use?

Why would you like to foster a dog?: _____

How long are you willing to keep a foster dog?: _____



Please let us know what type of animal you would be interested in fostering:

	Very Interested	Might Be Interested	Not Interested
+Adult dogs under 25 lbs.			
+Adult dogs 25–50 lbs.			
+Adult dogs over 50 lbs.			
+1–2 Puppies			
+A litter			
+Puppies under 4 mos.			
+Puppies over 4 mos.			
+Moms with unweaned puppies			
+Heartworm Positive Dog			
+Upper Respiratory Infection			
+Internal Parasites			
+Underweight			
+Bottle fed puppies			
+Basic Manners			
+Shy/Fearful			
+Short Term Event			
+Other (please specify):	_____		
+Particular Breed:	_____		

Please list anything that may limit your foster work: _____

Anything else you'd like to tell us: _____

I, _____, have fully read and understand the above information and attest that all of the information I have provided is true to the best of my knowledge.

Signature

Date

