



## FOSTER CARE APPLICATION

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

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

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

Do you:  Own a home  Rent a home (Landlord phone: \_\_\_\_\_)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

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

City: \_\_\_\_\_

Occupation: \_\_\_\_\_ Typical Hours Worked: \_\_\_\_\_

Other adults in the home and relationship:

\_\_\_\_\_

Number of children in the home: \_\_\_\_\_ Ages: \_\_\_\_\_

Your previous experience with dogs:

\_\_\_\_\_

Pets in your home:

Number, sex, breeds, and ages of dogs: \_\_\_\_\_

\_\_\_\_\_

Number of cats: \_\_\_\_\_

Number and types of other pets: \_\_\_\_\_

\_\_\_\_\_

Do your pets live:  Inside  Mostly inside  Mostly outside  Outside

Are your dogs housetrained?  Yes  No

List any behavior problems your dogs have: \_\_\_\_\_

\_\_\_\_\_

Have any of your dogs ever bitten anyone?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

What brand of food do you feed your dog: \_\_\_\_\_

How often do your dogs eat? \_\_\_\_\_

Your vet's name and address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

When were your dogs last tested for heartworm? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Are your dogs current on heartworm preventive?  No  Daily  Monthly

When were your dogs last vaccinated for:

Distemper/Parvo (date): \_\_\_\_\_

Rabies (date): \_\_\_\_\_

Bordatella (date): \_\_\_\_\_

Lyme Disease (date): \_\_\_\_\_

Do any of your pets have any serious/chronic health problems? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_

May we call your vet to verify this information? \_\_\_ Yes \_\_\_ No

How do you discipline your dog? \_\_\_\_\_

Are your dogs obedience trained? \_\_\_ No \_\_\_ Yes

If yes, trainer's name: \_\_\_\_\_

Why are you interested in becoming a foster home? \_\_\_\_\_

What types of dogs are you willing to foster? (check all that apply)

\_\_\_ Females \_\_\_ Males \_\_\_ Adults \_\_\_ Puppies \_\_\_ Dogs from animal shelters \_\_\_ Dogs from private owners \_\_\_ Injured/sick dogs  
\_\_\_ Abused/neglected dogs

Are you comfortable with: (check all that apply)

\_\_\_ Bathing a dog \_\_\_ Grooming a dog \_\_\_ Houstraining a dog \_\_\_ Shy dogs \_\_\_ Stand-offish dogs \_\_\_ Active dogs \_\_\_ Clipping  
toenails \_\_\_ Giving medications

Is your yard fenced? \_\_\_ Yes \_\_\_ No

If yes, height of fence: \_\_\_\_\_ material: \_\_\_\_\_

Check all that you own:

\_\_\_ dog crate(s) If so, type: \_\_\_ plastic \_\_\_ wire Size(s) \_\_\_\_\_  
\_\_\_ grooming supplies

Number of daily walks able to give a dog: \_\_\_\_\_ Approximate distance: \_\_\_\_\_

Are you able to drive distances to pick up a dog? \_\_\_ Yes \_\_\_ No

Have you ever been a party in a civil suit? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_

Do you have any health problems which might affect your fostering ability (example: cannot lift dogs over 50lbs due to back  
problem): \_\_\_\_\_

Please write other comments on back of this sheet and return to:

MidAtlantic Samoyed Rescue, Inc.

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