



6965 El Camino Real Ste. 105 - 113, Carlsbad, CA 92009 | Phone: 760-804-1400 | Fax: 760-804-1455 | www.thedogsquadrescue.org

## FOSTER APPLICATION

<b>Name:</b>		<b>Date:</b>	
Name or type of dog your interested in fostering:			
Is there any type of breed, gender, age, etc. of dog that you don't want to foster?			
Address:			
City:	State:	Zip Code:	
Phone: Home #:	Work #:	Cell #:	
Email Address:			
How long have you lived at this address?	Do you:	Own? <input type="checkbox"/> Rent? <input type="checkbox"/> Other? <input type="checkbox"/> If "Other", please specify:	
If less than 2 years, please provide your previous address:			
Type of home:	House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Military Housing <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Type of street:	Busy <input type="checkbox"/> Light Traffic <input type="checkbox"/> Rural <input type="checkbox"/>		
Have you checked with your landlord or homeowners' association regarding permission to have a dog?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Do we have your permission to contact your landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Landlord's Name:	Landlord's Phone #:		
Your Age::	Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> Over 65 <input type="checkbox"/>	Are you a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/> Living with Partner <input type="checkbox"/> Single/Divorced <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Your Occupation:	Your Employer:		
How many adults in the household?	How many children?	Children's Ages:	
What animals do you currently own?	# of Dogs:	# of Cats:	
Dog: Breed/s:	Ages/s:	Gender/s:	
Have they all been spayed and/or neutered?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Are they all current on their vaccinations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Other animals? List types and quantities:			
Why do you want to foster a dog?			
Do the other members of your household understand the time and possible financial impact that goes into caring for foster animals and are they in agreement with you regarding the care of animals placed in your temporary custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you fostered a dog before?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes", what rescue group or shelter did you foster for?			

# THE DOG SQUAD RESCUE, INC.

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Are you willing to foster the dog until it gets adopted, even if it takes some time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No", what is the maximum length of time that you are willing to foster for?	
Where will the dog be kept most of the time?	Outdoors <input type="checkbox"/> Indoors <input type="checkbox"/> Both <input type="checkbox"/>
What type of outdoor shelter will you have for the dog?	
Do you have a fenced yard?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If "Yes", please describe the type and height of fence:	
Do you have a pool or deep pond?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If "Yes", is there a fence around it?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Where will the dog sleep (please be specific)?	
How many hours will the dog be alone each day?	
Where will the dog be kept when alone?	
How soon after the dog arrives home will it be left alone?	
How often do you travel?	
Is anyone in your household allergic to dogs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", are they on medication that can control their allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Who will be responsible for feeding, exercising, grooming and taking care of the foster dog?	
Are you willing to transport the dog to adoption events, vet visits, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to help with the adoption process, i.e. post ads, distribute flyers, attend adoption events, do home checks, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to communicate – via phone or email – with potential adopters about the dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you object to an inspection of your premises by a rescue representative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about us?	Word of Mouth <input type="checkbox"/> Friend/Family <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Magazine <input type="checkbox"/> Union Tribune <input type="checkbox"/> NC Times <input type="checkbox"/> PetFinder <input type="checkbox"/> Craig's List <input type="checkbox"/> Adoption Event <input type="checkbox"/> 1-800-Save-A-Pet <input type="checkbox"/> Pets911 <input type="checkbox"/> Other <input type="checkbox"/> Please specify:

**PERSONAL REFERENCES (PLEASE DO NOT INCLUDE FAMILY) :**

Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	

**I hereby certify that I am at least eighteen years of age and, to the best of my knowledge, the information that I've provided above is true. I understand that any false information may result in the nullification of the foster agreement.**

Please print name/s:

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Signature/s: