

Puppy Paws Rescue
Dog Foster Application Form
pawspuppy2013@gmail.com

I AM INTERESTED IN FOSTERING (please check all that apply):

Age/group: ☐ Adult ☐ Puppy ☐ Mom with babies ☐ litter of puppies ☐ a set of two

Gender: ☐ male ☐ female

Size: ☐ Large ☐ Medium ☐ Small

Please describe any additional preferences or needs: _____

How long can you foster? _____

PERSONAL DATA

Name of applicant: First: _____ Middle: _____ Last: _____

Name of co-applicant: First: _____ Middle: _____ Last: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: H) _____ W) _____ C) _____

Email address: _____

All addresses that you have lived at in the past 5 years. _____

Are you 18 years of age or older? ☐ Yes ☐ No

Number of persons in household: _____ Ages of Children: _____

Names of other adults living in the household: _____

Are all adults in your household aware that you are considering fostering a pet? ☐ Yes ☐ No

Who will be the primary caregiver for your foster? _____

Please provide two unrelated references (neighbors, friends, or co-workers) that we may

contact: Name: _____ Phone: _____

Name: _____ Phone: _____

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PET HISTORY

Please list all pets (including small pets) for which you, as an adult, had responsibility within the last 10 years:

Type/ Breed	Name of Pet	Sex	Age	Spayed/ Neutered	Vaccinations/ Rabies& HW preventatives	How long in your care?	Kept Inside or Outside?	Where is the pet now?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Primary vet used: _____ Phone Number: _____

If you had other veterinarians providing part of the routine care please provide their name and phone number(s) as well: _____

Do we have your permission to contact your veterinarian for a reference? ☐Yes ☐No

Were any of your animals ☐Killed by moving vehicles? ☐Given away? ☐Lost/Stolen?
☐Turned in to a shelter or rescue group ☐none of these applies

If yes, please explain: _____

HOUSEHOLD INFORMATION

Do you live in a ☐House ☐Condo/Townhouse ☐Mobile Home ☐Apartment?

Do you own or rent your home? ☐Own ☐Rent If you rent, are pets permitted? ☐Yes ☐No

Landlord or rental agent: _____ Phone: _____

How long have you lived at your present address? _____

Do you have a ☐ fenced yard ☐ outside dog pen or kennel ☐ neither

If fence/pen/kennel please describe area size, material used, height: _____

Where will your foster spend most of his/her time when you are home? _____

How many hours will your foster be alone during the day? _____

Where will you keep your foster when you are not home during the day? _____

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Any other information you feel we should know in considering your application: _____

To the best of your knowledge, has any member of your household ever been convicted of an animal welfare law violation such as neglect, cruelty, abandonment, etc.? ☐ Yes ☐ No

By signing this application, I acknowledge that I have answered all questions truthfully. Failure to provide truthful answers can result in the rejection of my application. If I have not received a telephone call within two weeks from the date of this application from a Puppy Paws Rescue representative, I understand that my application has been declined.

Signature: _____

Date: _____