

# TINY BUG DOG RESCUE FOSTER APPLICATION

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

Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_,

2nd Phone Contact: \_\_\_\_\_

1) Why did you feel you wanted to foster a dog? \_\_\_\_\_

\_\_\_\_\_

2) Do you have any disabilities to keep you from caring for one of our pups? \_\_\_\_\_

\_\_\_\_\_

3) Anyone have allergies to dogs? \_\_\_\_\_

4) How many pets in home now? \_\_\_\_\_

Please list kind and ages: \_\_\_\_\_

5) \*\* HAVE YOU EVER SURRENDERED A PET TO A SHELTER OR RESCUE? \*\* \_\_\_\_\_

\_\_\_\_\_

6) What vet do you currently use? \_\_\_\_\_

7) Do you own or rent? \_\_\_\_\_ How long at this address? \_\_\_\_\_

8) If renting, please provide name and phone number of landlord: \_\_\_\_\_

9) Do you have a fenced in yard? \_\_\_\_\_

10) How will you exercise our pup? \_\_\_\_\_

11) Do you have a pool? \_\_\_\_\_

12) Have you ever had a pet that died? \_\_\_\_\_

13) What was the reason of passing? \_\_\_\_\_

14) Have you ever fostered a dog in the past? \_\_\_\_\_

If so, please provide name and phone number of the organization:

\_\_\_\_\_

15) How long will the dog be alone during the day or night? \_\_\_\_\_

16) Where will the dog be kept when alone? \_\_\_\_\_

17) How long will their outside time be? \_\_\_\_\_

18) Are you willing to re-enforce potty training, and good behavior skills? \_\_\_\_\_

19) Where would this pet be when you have to go out of town? \_\_\_\_\_

20) What best describes you? Retired \_\_\_ Stay at home mom \_\_\_ Employed Full-time \_\_\_

Employed Part-time \_\_\_ College student \_\_\_

21) Do you have a dog crate, so the pet can be crated when alone? \_\_\_\_\_

**IF AT ANY TIME YOU FEEL YOU ARE UNABLE TO CARE FOR THIS PET, WE MUST BE NOTIFIED IMMEDIATELY!!**

**We will make arrangements to pick up pet and take to another foster while awaiting forever home. NO EXCEPTIONS! We will need 72 hours' notice to make these arrangements. If at any time there is an emergency, we will try our best to make arrangements sooner.**

Signature \_\_\_\_\_.

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Tiny Bug Dog Rescue Representative

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_.

If not approved, reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_