

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: _____
