

**FOSTER APPLICATION**

Tele: (302) 650-1710 or (610) 848 0369

Email to: tristateshepherdrescue@gmail.com

 (Best to email)

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**CONTACT AND PERSONAL INFORMATION**

**First Name: **

**Last Name: **

**Street Address: **

**City: **

**State: **

**Zip: **

**Home Phone:  Work:  Cell Phone: **

**E-Mail: **

**Which dog or type of dog are you interested in fostering (sex, age, mix, size, etc.)?:**

**Why do you want to foster?**

**Will you abide I foster rules on caring for the dog, returning a dog, notice of any isues dealing with the dog or its behavior.**

**Are you able to drive the dog to our vet if needed?**

**What are your expectations of us?**

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**Are you employed?**

**If so – full or part time - what is your job?**

**Employer’s name/number: **

**Do you have a spouse and are they employed?**

**Spouse’s Employer/number: **

**Do you live with: Spouse/Partner Roommate(s) Parents Children:**

**Alone**

**How old are you?  Your Spouse (if applicable)?  Others in the house:**

 **Please include children and their ages**

**Does every individual in your home know that you are going to foster a dog? Yes No**

**Do any individuals in your home have allergies to animals? Yes No**

**How often have you moved in the past 5 yrs? **

**Have you fostered a dog before?**

**If so, for whom, when and what type of dog?**

**Have you owned dogs?**

**If so when and what type of dog? Please describe.**

**Do you have references about how it went owning or fostering a dog?**

**Kindly list any references or contacts.**

**Vet references are preferred.**

**Do you have a vet?**

**Please provide name, address, contact phone number for your vet.**



**LIVING SITUATIONS AND LIFESYLE**

**Dog’s living situation (check all that apply)**

**house pet, living inside with family**

**live in basement or garage**

**live outdoors**

**Guard Dog for: Business Residence**

**Other – Please specify: **

**How many hours per day will dog be home alone? **

**Have or do you crate(d) a dog?**

**When home alone dog will be (check all that apply)**

 **in crate, wire cage, or dog pen inside**

**In a kennel: Outdoor Indoor Both**

 **Tied up outside**

 **Cable Run With a chain**

**Dog will be loose: Indoor Outdoor**

**Other – Please specify: **

**what kind of exercise will the dog have?**

 **Leash walks – how often**

**Will have cable**

**Dog run in the yard**

 **Free to run in fenced yard**

**Supervised access to unfenced yard**

**Unsupervised**

 **Dog Park (Public area where dogs can run and play together off-leash)**

**Other – Please specify: **

**Is the home: Urban Suburban Townhouse Rural**

**Yard size is: Small Medium Large Acreage No Yard**

**Is the yard enclosed by a fence? Yes No**

**If so: Height:  Length:  Type of fencing: **

**Do you live in a House? Apartment Condo**

**Are there any restrictions on pets in the development by an association or other entity**

**If you are renting, are pets permitted? If so, please provide Landlord’s name and phone number for verification:**

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**PREFERENCES – WHAT ARE YOU LOOKING FOR?**

**Please list preferences:**

**AGE**

**MALE/FEMALE**

**SIZE**

**PUREBRED OR MIX**

**ENERGY LEVEL –are you a marathoner or a couch potato? Please give us details of activities you and your family enjoy.**

**OTHER PETS CURRENT AND PRIOR EXPERIENCE**

Please list pets you have currently or have had in the last three years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **NAME** |  **BREED** |  **ALTERED** |  **AGE** |  **UP TO DATE ON VACCINES?** |  **WHERE IS PET CURRENTLY?**  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |

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**Do you know what heartworm disease is and how to prevent it? Yes No *if you do not know we will be more than happy to explain.***

**Is/Are/Were you current dog(s)/previous dog(s) on heartworm prevention? Yes No**

**Have you ever been convicted of animal cruelty, dog fighting, or other crime relating to animals? Yes No**

**If yes, explain **

**Have you ever had an animal impounded? Yes No**

**Was the animal Reclaimed? Yes No If not, explain **

**Have you ever had to give up a Pet for any reason? Yes No If yes, explain **

**What is your experience with German Shepherds and also with dogs generally?**

**Are you prepared to deal with behavioral issues if they occur?**

**What are you not willing to accommodate, i.e. what would be the deal breaker?**

**A lot of dogs are stray for a reason, like jumping or digging or darting out of a fence. Are you prepared to maintain extra precautions for keeping the dog safe?**

**Tell us what else you are looking for in fostering a dog.**

***By submitting this form I certify that the answers in the above Adoption Application are true. I understand that if falsifications exist in this application the adoption process will be terminated.***

**Additional Information or Comments:**

Contact Information:

tristateshepherdrescue@gmail.com

108 East 29th Street

Wilmington DE 19802

Tele: 302 650-1710

Fax: 302-291-3339