

Marshall's Dog Rescue



Saving Lives One Paw At A Time

FOSTER CARE APPLICATION - Page 1 of 2

A. APPLICANT INFORMATION			
First Name		Last Name	
Street Address			City
Province	Postal Code	Home Phone	Cell Phone
Email Address		Driver's License Number	Are you over 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. PERSONAL REFERENCE			
Name	Phone Number	Relationship	How long known

C. DETAILED INFORMATION

Please complete the following questionnaire in its entirety. Our main objective is to ensure good compatibility between you, your family and a pet. Please return this application to marshallsdogrescue@gmail.com

- Why do you want to foster an animal from Marshall's Dog Rescue?
- How did you learn about this opportunity?
- How much time can you dedicate to foster care?
- Can you foster the animal until it finds its permanent home? Yes No
- Do you work? Yes No Full-time Part-time
- Are you home during the day? Yes No How many hours?
- Are you home in the evening? Yes No How many hours?
- Do you have access to a vehicle? Yes No
- Can you bring the foster animal to the Vet for appointments during the day? Yes No
- Does anyone in your household have allergies to animals? Yes No
- Are there any children residing in your household? Yes No If yes, how many? What ages (list)?

12. What type of home do you live in? House Apartment Condo Trailer Townhouse

13. Do you rent or own? Own Rent

14. If you rent do you have your landlord's permission to have an animal? Yes No

15. Do you have a fully fenced yard? Yes No Fence Type: _____ Fence Height: _____

16. Where will the foster animal spend the day? Loose Indoors Crate Basement Garage

17. Where will the foster animal sleep? Loose Indoors Crate Basement Garage

18. Can you supply any of the following? Food Collar Toys
 Other: _____ Leash Car Carrier Bed

19. Are you planning any holidays this year? Yes No When? _____ How long? _____

20. Who will look after the foster animal during your vacation?

E. CURRENT PETS - List all pets currently in your household

Type of Pet	Spayed or Neutered?		Vaccination current?	
	<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

F. TYPE OF FOSTERING

Dog Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Any size		
Dog Condition	<input type="checkbox"/> Healthy	<input type="checkbox"/> Injured	<input type="checkbox"/> Contagious	<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Mom with puppies	<input type="checkbox"/> Orphaned puppie

G. MDR VISIT

Marshall's Dog Rescue is concerned for the well-being of all rescue dogs. Would you be willing to allow one of our volunteers to do a scheduled home visit prior to and/or after the foster process? If not, please explain why.

H. SIGNATURE

I warrant and confirm that the information given in this application form is true and correct and I understand that it is being used to determine my compatibility and responsibility for the animal.
 I understand that Marshall's Dog Rescue reserves the right to refuse any applicant for any reason.
 I understand that all fostered dogs must be on leash at all times in public and sleep indoors.
 I understand that all fostered dogs remain the property of Marshall's Dog Rescue until adopted by an approved applicant.

Applicant's Signature	Date - DD/MM/YYYY
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I. INTERNAL USE ONLY

Foster Coordinator:	Comments:	Phone:
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