



HUMANE SOCIETY OF YATES COUNTY
 1216 STATE ROUTE 14A
 PENN YAN, NEW YORK 14527
 PHONE: (315) 536-6094

CANINE FOSTER CARE APPLICATION

Name _____ Date _____

Spouse/Partner/Roommate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____ Schedule _____

Email Address _____ Are you at least 18 yrs of age? Yes No

Dogs selected for foster care generally fit into three broad categories. Please indicate which type(s) of dog you wish to foster.

- _____ Medical (recovering from injury or illness)
- _____ Behavioral (unsociable, barrier frustration, shyness, excitability and other behavioral issues)
- _____ Postnatal (mothers and unweaned puppies)

Please list one reference of someone who is not related to you:

Name _____ Relationship _____ Phone _____

Name of Veterinarian, or past veterinarian if you do not have pets in your home currently:

Name _____ Animal Hospital _____ Phone _____

Name records are under (current vaccines are required for animals in the home) _____

Why are you interested in fostering a dog?

What dog experience do you have?

Please check the following dogs you are willing to foster: (Please check all that apply)

Small Medium Large Senior Adult Puppy Male Female

Are there any types of dogs that you **do not** wish to foster (i.e. list specific behavioral problems, specific breeds, dogs that have not been neutered) _____

The following questions will help us to assess your experience with dogs so that we can be sure to place the appropriate dog in your home. It is not necessary to have experience in all of these areas to be approved to foster a dog: Please check the following areas where you have experience:

Crate Training ___ House Training ___ House Proofing ___ Obedience Training ___ Modifying a behavior problem ___ Working with and/or socializing dogs ___

Are you willing to work on basic obedience and/or socializing issues with your foster dog if a problem arises? _____

Please provide the following information about your current pets (if any):

Name: _____ Breed: _____ Years owned: _____ Spayed/Neutered? _____

- 1.
- 2.
- 3.

If your current pets are not spayed/neutered, please list the reason why: _____

Are your pets current on vaccines? If not, please list the reason why: _____

Do your dogs have any physical problems/special needs? _____

Please provide the following information about any children in your home (if any):

Age:

- 1.
- 2.
- 3.

Do you own your home? ___yes___no **If you rent, please list the name and phone number of your landlord:** _____

Who will be the primary caretaker of the dog? _____

How many hours will your foster dog be alone? _____

Where will you keep the foster dog when you are not home? _____

Do you have a fenced in yard? ___yes___no. If not, how do you plan to make sure your foster dog receives adequate exercise? _____

Please read and initial the following statements about Foster Program:

Like most shelter dogs, your foster dog may not be housetrained. You understand that he/she may have accidents in your home. _____

Like many dogs, your foster dog may chew on furniture, clothing, or other objects. You are comfortable working with this behavior. _____

You agree to keep your foster dog on a leash or enclosed yard or home at all times. _____

You understand that you may be asked to complete evaluation forms on the dog. You agree to be entirely honest and forthright regarding the dog's behavior, be it positive or negative. _____

Please sign below to indicate that everything on this form is true and as complete as possible.

Signature: _____ Date: _____