FOSTER HOME APPLICATION

(Please Print)

Name:	Home Tel:
Street Address:	Work Tel:
City, State & Zip Code:	
How long at present address?_____ Own Rent	Have you ever had a dog? Yes No
# Adults in household: _____ Age range: 18-30 31-40 41-50 51-60 61-70+	# Children in household: _____ Ages: _____ _____ _____ _____ _____ _____
Person(s) responsible for foster animal's care:	

Have you ever: Adopted an animal from a shelter? Yes No Returned an animal to a shelter? Yes No

If yes, when: Dog Cat Other:

Experience training dogs? Yes No Experience crating dogs? Yes No

Have you read up on dog/puppy care? Yes No Do you have a fenced yard? Yes No

CURRENT PETS			HOW LONG	PETS UP TO DATE ON VACCINES:		
TYPE OF PET	AGE	SEX	OWNED?	RABIES	PARVO	FeLk/FIV

Name/Address/Phone of your Vet:

Have you read books on dog/puppy care? Yes No Experience crating dogs? Yes No

Any dog training experience? Yes No Experience whelping? Yes No

(*Kennel Cough)

INDICATE DOGS YOU HAVE EXPERIENCE WITH / KNOWLEDGE OFF / SPACE TO FOSTER:

With Kennel Cough Without Kennel Cough Pregnant Female with puppies

Foster preference: Cat Dogs Young (6 mo.-1yr) Adult (1+ yrs) Female Male

Breed preference?

Can you give medication (pills or liquid)? Yes No

Length of time foster dog would be left alone?

Where will your foster dog be kept during the day? At night?

How/where did you hear about our foster program?

Signature: Date:

OLD FELLA BURKE COUNTY ANIMAL RESCUE
PO Box 1437, Waynesboro, GA 30830
1-888-846-3792
www.OldFella.org
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