

FOSTERING IS A MAJOR RESPONSIBILITY, AND ONE THAT SHOULD NOT BE TAKEN LIGHTLY. IN _____ ONGOING EFFORT TO FIND THE BEST POSSIBLE FOSTER HOME AND EVENTUALLY ADOPTIVE HOME FOR ALL ITS FOSTER ANIMALS, WE ASK THAT YOU TAKE TIME TO FILL OUT THIS APPLICATION AND DISCUSS ANY QUESTIONS YOU HAVE WITH OUR RESCUE DIRECTOR.

In order to be considered for fostering by _____, you must:

1. Be at least 18 years of age.
2. Be able to verify that you can have a pet where you live.
3. **BE ABLE TO MAKE AT LEAST A 2 MONTH COMMITMENT of availability (to be called on).**

Please understand that _____ reserves the right to deny fostering any pet for any reason as determined by its Adoption Program.

Interested in: Dog(s) _____ Puppy(ies) _____

Gender: Male _____ Female _____ Doesn't Matter _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City / Zip: _____

How long have you lived at this address? _____

Check Type of Housing: _____ Own House _____ Own Condo _____ Rent House
_____ Rent Apt. _____ Lease _____ Military Housing

Landlord's Name (if renting): _____ Phone Number: _____

How long at present address? _____

Do you have a private yard? _____ Yes _____ No

Do you have a fence? _____ Yes _____ No

Type of fence: _____ Height of fence: _____

Do you have a kennel? _____ Yes _____ No Do you have a pool? _____ Yes _____ No

of Household members: Adults: _____ Children: _____ Ages of Children: _____

Any known Allergies related to domestic animals? _____

Who will be responsible for pet's routine daily care? _____

CURRENT PETS: Please include all pets.

Type of Pet	Age	Sex	Spayed/Neutered	Kept In/Out	How Long Owned

Why do you wish to foster animals for _____? _____

Will _____ animal(s) be isolated: _____ or with others? _____

Length of time during the day pet will be left alone: _____

Where will pet be kept during the day? _____ At Night? _____

If pet will be kept outdoors, describe shelter: _____

If you have cats, please indicate the date of their last vaccination for the following diseases:

Rabies _____

If you have dogs, please indicate the date of their last vaccination for the following diseases:

Rabies _____ DHLPP _____

Name and phone number of the veterinarian you currently use _____

Do you have transportation to bring this foster to the veterinarian? Yes _____ No _____

What kind of arrangements are you willing to make if you need to go away for a few days? _____

Do you object to an initial visit to your home prior to fostering this animal? Yes _____ No _____

Are you willing to attend occasional training classes provided by _____? Yes _____ No _____

Often a foster Vizsla will need some kind of training or refresher course. Would you be able to provide that?
 Yes _____ No _____

Please note any additional information which will assist us in finding the proper foster pet for you _____

AS A _____ FOSTER CARE PROVIDER, YOU ARE RESPONSIBLE FOR THE CARE OF YOUR FOSTER AT ALL TIMES.

Signature: _____

Date: _____

Print Name: _____

Email: _____