



Dog Foster/Adoption Application

PERSONAL INFORMATION

Applicant: _____ DL# _____

Are you at least 21 years of age? Yes No

Co-Applicant: _____ DL# _____

Are you at least 21 years of age? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

Which do you prefer to foster/ Adopt Adult Dogs Puppies Nursing dog Moms w/ Puppies?

Do you prefer a certain size dog: S M L XL Any specific breed experience? _____

Have you ever fostered or adopted from another Humane Society or Rescue organization? Yes No

If yes, provide their name, address and phone number: _____

EMPLOYMENT INFORMATION

Applicant
Employer: _____ Occupation _____ Years ____

Address: _____ Phone _____

If less than one year, name and address of previous employer _____

Co-Applicant
Employer _____ Occupation _____ Yrs ____

Address _____ Phone _____

If less than one year, name and address of previous employer _____

HOUSEHOLD INFORMATION

How many people in your household? ___ What is their relationship to you? _____

If there are children, what are their ages and gender? _____

Does anyone in the household have allergies? Yes No Explain _____

Describe the general activity and noise level of your household _____

Who is home during the day? _____ Do you operate a home day care? Yes No

What are your work hours? _____ Co-Applicant _____

INFORMATION ABOUT YOUR HOME

Do you own your home? Yes No If renting, does your lease permit dogs? (copy required) Yes No

If renting, please provide the name and phone number of your landlord: _____

How long have you lived there? _____ If less than two years, give previous address:

Do you plan on moving soon? Yes No If Yes, where and when? _____

What is your lot size? _____ Is it fenced? Yes No Height _____

Where will you exercise your dog while on a leash? _____

Where will you exercise your dog while off a leash? _____

YOUR DOG’S ACCOMMODATIONS

Where will the dog be during the day? _____ At night? _____

When you are away overnight (boarding, house sitter, etc.)? _____

How do you plan to confine the dog when you are away from your home daily? _____

Will there ever be a time when the dog will be left outdoors when no one is home? _____

Please explain _____

Will you crate train your dog? _____

Are there any unusual circumstances to which the dog will have to adapt? _____

Please explain _____

Are there any canine behaviors you are not willing to tolerate? _____

Please explain _____

What activities will your dog have? _____

YOUR PERSONAL FEELINGS ABOUT FOSTERING/ADOPTING

Why do you want foster or Adopt? _____

If fostering how long are you willing to foster? _____

Other comments _____

CURRENT OWNERSHIP EXPERIENCE

Do you own/have current dogs in the home? Yes No

Do you own/have current cats in the home? Yes No

Name	Breed	Age	Sex Male or Female	Spayed or Neutered?		Up to Date Rabies, DHPP, Bordatella		# of years you had pet	What happened to pet?
				Yes	No	Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Note: It is our policy that all household pets must be altered prior to fostering/adopting.

Have you ever taken a dog through pet training class? Yes No Where? _____

When? _____ How many levels? _____

Please describe the type of training that was utilized at the class you attended _____

What skills were taught? _____

Did you agree with the training methods utilized at the training class? Yes No

Please explain _____

If you have never taken a dog through pet training class, are you willing to? Yes No

REFERENCES

Veterinarian

What Veterinary Clinic do you use? _____

Dr. Name _____ Phone _____

Address _____ City, ST _____

Are your current animals up to date on vaccinations? Yes No

PERSONAL REFERENCES

Two local individuals (not related to you but knows or has known your other animals (if possible, one of whom is a neighbor).

Name: _____ Phone: _____

Name: _____ Phone: _____

May we visit your home? Yes No When is a good time to visit? _____

ABOUT YOUR AUTHORIZATION:

I understand:

- A Tail of 4 Paws Animal Rescue, in an effort to ensure the best possible foster or adopter home for a pet, has the right to deny any application. Additionally, we have the right to conduct a home visit or telephone interview prior to the fostering/adopting, during the fostering, or after adoption to verify the wellness and safety of the pet.
- The foster or adopter must be present and must be at least 21 years of age with proper proof of age
- A Tail of 4 Paws Animal Rescue, in an effort to ensure the best possible foster or adoptive home of a pet, has the right to confirm the information provided on this form, including contacting landlords, references and veterinarians

By signing below, I am confirming that I have read and understand the terms of this foster/adoption application.

Applicant's Signature Date

Co-Applicant's Signature Date

Any falsifications or misleading statements on this form will result in a dismissal of your application.

PO BOX 7757 Romeoville, IL 60446
Website: Atailof4paws.org
Email:Rescue@atailof4paws.org Phone/Fax: (855)-630-7297