



## **Dog Foster Application**

480-250-0251

Fax: 623-742-7118

rustysangelssanctuary@gmail.com

[www.rustysangelssanctuary.org](http://www.rustysangelssanctuary.org)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Line of work: \_\_\_\_\_

Do you own/have access to a car/vehicle in which you are to transport the dog: Yes \_\_\_\_\_ No \_\_\_\_\_

What types of pets reside at home with you?

Describe your pets (anxious, timid, confident, dominant, snarly, happy):

What dog are you interested in fostering?

How much time will the animal spend alone during the day? \_\_\_\_\_

Will the animal be kept inside or outside? \_\_\_\_\_

Where will the animal be kept when you are not home? \_\_\_\_\_

Where will the animal be kept when you are home? \_\_\_\_\_

Where will the animal sleep? \_\_\_\_\_

Are you prepared to help house train and crate train? Yes\_\_\_\_\_ No\_\_\_\_\_

Can you accommodate a dog with separation anxiety issues? Yes\_\_\_\_\_ No\_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Do you own or rent your home: Own\_\_\_\_\_ Rent\_\_\_\_\_

If you rent, please enter your landlord's name and phone number:

Name\_\_\_\_\_ Phone \_\_\_\_\_

If you rent, have you received the approval of your landlord to have an animal: Yes\_\_\_\_\_ No\_\_\_\_\_

How many people reside in your household: \_\_\_\_\_

Who in the household will care for the pet? \_\_\_\_\_

What are the ages of all people residing in your household?

\_\_\_\_\_  
\_\_\_\_\_

In what type of home do you live? \_\_\_\_\_ Single Family \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo

\_\_\_\_\_ Apartment \_\_\_\_\_ Other

Is your yard fenced: Yes\_\_\_\_\_ No\_\_\_\_\_

What type of fence? \_\_\_\_\_

What is the height of the fence? \_\_\_\_\_

Do you agree to bring the animal back to the Rescue if you cannot keep it? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you agree to not bring the animal to any other establishment as in giving it up? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you agree to a Home Check by a manager to ensure that your home is safe for a Rescue: Yes\_\_\_\_\_ No\_\_\_\_\_

-What is your availability in the next week: \_\_\_\_\_

Vet Reference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Reference: (name and phone number)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Will you be able to do the following?

- Attend events to promote the dog's adoption
- Foster Hospice Dogs

I certify that the information entered on this applicant is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to:*

Rusty's Angels Sanctuary

Attn: Emilee Spear or Barb Kovacs

Fax: 326-742-7118

Email: [rustysangelssanctuary@gmail.com](mailto:rustysangelssanctuary@gmail.com)