

Foster Application



CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Are you interested in this foster dog as a possible adoption for your family? Yes _____ No _____

How long are you able to foster a dog?* _____

**Refer to the Foster Guidelines*

HOUSING

Do you live in a house, condo, apartment, or townhouse? _____

Do you rent or own? _____

If you rent, please provide name and contact information of landlord: _____

Do you have permission from your landlord to foster or adopt a dog? Yes _____ No _____

Are you aware of a pet deposit and month fees if required? Yes _____ No _____

How long have you been at this location? _____

Do you have a yard? If yes, how big is your yard? _____

If you don't have a yard, where would the dog would go to the bathroom and get exercise?

Do you have a fenced in yard or invisible fence? Yes _____ No _____

ABOUT YOUR FAMILY

How many adults live in your home? _____

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How many children live in your home?

What are the ages of the children?

Are the children comfortable with dogs? Yes _____ No _____

If no, please explain: _____

Do you, your partner, spouse, or roommate have a job? Yes _____ No _____

What are your work hours? _____

If gone more than 8 hours would you consider daycare or a dog walker? Yes _____ No _____

How much time will the foster dog be left alone? _____

When you're not home, where will the dog be kept (crate, kennel, garage)? _____

Do you have other other pets? Yes _____ No _____

If yes, how many? _____

Please list their names, ages, and a description of each pet: _____

Who would be the primary caretaker of the dog? _____

LIFESTYLE

Describe your household – quiet, calm, noisy, active, on the go, travel frequently, etc.?

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What type of activities do you like to do?

How do you see your foster dog fitting into your lifestyle? _____

WagsInn will financially provide training for your foster dog if needed. Are you willing and able to commit to the time needed? Yes _____ No _____

Please explain: _____

REFERENCES

Please provide names and contact information of two people we may obtain a reference from. They may be a neighbor, WagsInn client or staff member, co-worker, friend, family member, or acquaintance.

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

SIGN

I have carefully read the Fostering Guidelines and agree to this very important commitment.

Print name: _____

Signature: _____

Date: _____

Disclaimer: WagsInn Canine Charities reserves the right to accept or deny any person as a foster for any reason and may remove a dog from a foster home at any time. The final decision on all foster care providers is up to WagsInn Canine Charities.