



**860-672-6346**

## **CANINE FOSTER CARE APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ARE YOU OVER 21 YEARS OF AGE? \_\_\_\_\_

EMPLOYER AND PHONE: \_\_\_\_\_

***THE CANINE FOSTER PROGRAM IS NOT A MEANS TO TEMPORARILY OWN OR TRY OUT A DOG. IT IS AN IMPORTANT AND OFTEN LIFE-SAVING ALTERNATIVE TO SHELTER LIFE FOR SPECIFICALLY SELECTED DOGS.***

**DOGS SELECTED FOR FOSTER CARE GENERALLY FIT INTO THREE BROAD CATEGORIES. PLEASE INDICATE WHICH TYPE(S) OF DOG YOU WISH TO FOSTER.**

\_\_\_\_\_ **MEDICAL**-RECOVERING DOGS WHOSE INJURIES OR ILLNESSES REQUIRE THAT THEY RECEIVE MORE ATTENTIVE AND PERSONALIZED CARE THAN THE SHELTER CAN PROVIDE.

\_\_\_\_\_ **BEHAVIORAL**- DOGS NEEDING SOCIALIZATION AND/OR HAVING MILD BEHAVIORIAL ISSUES.

\_\_\_\_\_ **POSTNATAL**- RECOVERING MOTHERS AND UNWEANED PUPPIES WHO OFTEN REQUIRE BOTTLE FEEDING AND/OR ORPHANED PUPPIES NEEDING BOTTLE FEEDINGS AND EXTRA CARE.

**WHY ARE YOU INTERESTED IN FOSTERING A DOG?**

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**WHAT DOG EXPERIENCE DO YOU HAVE?**

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**WHICH ANIMALS DO YOU CURRENTLY HAVE IN YOUR HOUSE?**

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**WE USE YOUR CURRENT VETERINARIAN AS A REFERENCE. PLEASE LIST THE NAME AND PHONE NUMBER BELOW AND CALL TO RELEASE YOUR RECORDS FOR WHEN WE CALL.**

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**HAVE YOU EVER FOSTERED ANIMALS BEFORE?                      YES                      NO**

**IF YES, WITH WHAT ORGANIZATION?**

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**DO YOU RENT OR OWN YOUR HOME?                      RENT                      OWN**

**IF YOU RENT, LANDLORD NAME AND NUMBER:**

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**HOW MANY PEOPLE RESIDE IN YOUR HOME? \_\_\_\_\_ AGES OF CHILDREN UNDER 18: \_\_\_\_\_**

**WE DO HOME VISITS ON EVERY APPLICANT WHO PASSES THE INTIAL SCREENING OF OUR FOSTER APPLICATION. ARE YOU WILLING TO LET A RESPRENTATIVE OF THE LITTLE GUILD OF ST. FRANCIS VISIT YOUR HOME?  
YES NO**

**PLEASE READ THE FOLLOWING STATEMENTS ABOUT THE CANINE FOSTER PROGRAM AND INTIAL NEXT TO THEM TO INDIACTE THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THEM.**

**LIKE MOST SHELTER DOGS, YOUR FOSTER DOG MAY NOT BE HOUSEBROKEN. YOU UNDERSTAND THAT HE/SHE MAY HAVE ACCIDENTS IN THE HOUSE. \_\_\_\_\_**

**LIKE MANY DOGS, YOUR FOSTER DOG MAY CHEW ON FURNITURE, CLOTHING, OR OTHER OBJECTS. YOU ARE COMFORTABLE WORKING ON THIS BEHAVIOR. \_\_\_\_\_**

**YOU AGREE TO KEEP YOUR FOSTER DOG ON A LEASH OR ENCLOSED IN A FENCED-IN YARD OR HOME AT ALL TIMES. \_\_\_\_\_**

**ALL MEDICAL TREATMENT WILL BE DONE AT THE LITLE GUILD BY TRAINED STAFF. \_\_\_\_\_**

**REPRESENTATIVES OF THE LITTLE GUILD MAY NEED TO CONTACT OR VISIT YOU TO DISCUSS THE DOG. YOU AGREE TO BE ENTIRELY HONEST AND FORTHRIGHT REGARDING THE DOG'S BEHAVIOR, BE IT POSITIVE OR NEGATIVE. \_\_\_\_\_**

**THE LITTLE GUILD OF ST. FRANCIS IS THE LEGAL GUARDIAN OF YOUR FOSTER DOG. YOU UNDERSTAND THE LITTLE GUILD HAS THE FINAL AUTHORITY IN REGARDS TO THE ADOPTION AND /OR TREATMENT OF THE DOG. \_\_\_\_\_**

**ALL FOSTER PARENTS MUST TAKE PART IN A ONE ON ONE MEETING, FOSTER PARENT ORIENTATION AND HOME VISIT. WHEN YOUR APPLICATION IS APPROVED, YOU WILL BE CONTACTED TO SCHEDULE A MEETING.**

**PLEASE SIGN BELOW TO INDICATE THAT EVERYTHING ON THIS FORM IS TRUE AND AS COMPLETE AS POSSIBLE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

**VET REFERENCE:**

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**LANDLORD REFERENCE:**

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**INTERVIEW SCHEDULED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:**

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**HOME VISIT SCHEDULED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:**

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**ORIENTATION DATE:** \_\_\_\_\_ **ATTENDED:** \_\_\_\_\_

**APPROVED**

**DENIED**

**STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_