



## Fostering Questionnaire and Agreement

Date: \_\_\_\_\_ Your full name: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How many adults are in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

I have a:  FENCED YARD     DOG RUN     STATIONARY TIE OUT  
 INVISIBLE/UNDERGROUND FENCE     OTHER: \_\_\_\_\_

If you have a fence, please indicate type and height?    Type: \_\_\_\_\_    Height: \_\_\_\_\_

Do you currently have any other pets or are there any other pets in the home? If so, please list them here:

Pet's Name	Dog/Cat	Breed	Age	Altered?	Indoor?	Vet Name and Phone #

Whose name is listed on the veterinary records? \_\_\_\_\_

Other than your current pets, have you owned any other dogs or cats within the last 10 years? If so please describe the type of animal, when you owned it, when and why you stopped owning it, and what veterinarian you used.

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Have you ever had an animal with behavioral/training issues?     Yes     No

If yes, how did you handle that situation? \_\_\_\_\_

Have you ever used a dog trainer?  Yes  No

If yes, how did you handle the situation ? \_\_\_\_\_

Why do you want to foster for DDTRL?

Are all members of the household agreeable to fostering?  Yes  No

Who will be responsible for the animals care?

Are you willing to administer medication (pill or liquid)?  Yes  No

Are you willing to bring the foster back in for veterinary appointments?  Yes  No

Have you ever fostered before?  Yes  No

If yes, for what organization and what type of animal? \_\_\_\_\_

Will you keep your foster separate from your other pets?  Yes  No

If no, how will you integrate the foster animal into your pet family?

How many hours each day will the animal(s) you are fostering be left alone? \_\_\_\_\_

**Please indicate which animal(s) you are interested in fostering**

**Puppies (up to 1 year of age):**

- Under aged puppies needing to be bottle feed (1-5 weeks old)
- Under aged self-feeding puppies (4-8 weeks old)
- Puppies over 8 weeks of age
- Shy or fearful puppies that need to be socialized
- Puppies with conditions affecting their health or appearance
- Puppies recovering from injury or illness (**medicine may to be administered**)

**Dogs:**

<input type="checkbox"/>	Adult dogs
<input type="checkbox"/>	Pregnant mothers
<input type="checkbox"/>	Nursing mothers with young litters
<input type="checkbox"/>	Shy or fearful adult dogs that need to be socialized
<input type="checkbox"/>	Adult dogs with conditions affecting their health or appearance
<input type="checkbox"/>	Adult dogs recovering from injury or illness <b>(medicine may need to be administered)</b>

Please provide below the names and phone numbers of two personal references that you have known for more than three years. Only one of the two references may be a relative.

<u>Reference Name</u>	<u>Phone Number (Including Area Code)</u>	<u>Relationship to you</u>	<u>Best time to call</u>
1.			
2.			

Please provide the name of your veterinary reference.

<u>Veterinary Reference Name</u>	<u>Phone Number (Including Area Code)</u>

I hereby affirm that I have answered the above questions completely and truthfully. I give my permission for DDTRL to contact the veterinary and personal references provided on this form, and I give my permission for these references to release any information they deem relevant to my fostering dogs or puppies/cats or kittens for DDTRL.

**Please read carefully and initial:**

- \_\_\_\_\_ I understand that I am or may be providing foster care DDTRL dogs or puppies.
- \_\_\_\_\_ I understand that I am to feed and care for the animal(s) in my care to the best of my ability.
- \_\_\_\_\_ I agree to transport the animals I foster to the DDTRL clinic for routine medical care and neutering/spaying surgery if needed.
- \_\_\_\_\_ I understand that the animal(s) belong to DDTRL and placement of the animals is at the discretion of DDTRL and its designated representative.
- \_\_\_\_\_ I understand that DDTRL is responsible for medical costs of caring for the animals I foster.
- \_\_\_\_\_ In the event of an emergency I will immediately contact DDTRL or my designated foster representative.

Should my fostering situation not be considered in the best interest of the animal, DDTRL has the right to remove the animal(s) from my home. I understand that the animal(s) belong(s) to DDTRL and is/are not to be given away or promised to anyone without prior approval from a DDTRL representative.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_