

SECTION 1. PERSONAL INFORMATION

Name: _____ Age (for information only) ___ Under 18 ___ 18-30 ___ 30+
Occupation _____ Employer: _____
Email addresses _____
Telephone numbers _____
Driver license or other permanent ID number: _____

SECTION 2. HOUSEHOLD INFORMATION

- Home address (Street, Number, City, State, Zip): _____
Mailing address (if different) _____
- How many TOTAL OTHER PEOPLE live in your household? _____
For OTHER PEOPLE, please answer the following (Continue in Section 6 if needed)
Name _____ Age _____ Relationship to you _____
Name _____ Age _____ Relationship to you _____
Name _____ Age _____ Relationship to you _____
- Is everyone in the household in favor of fostering dogs? YES / NO: please explain _____
- Does anyone in the household have pet allergies? YES / NO If yes, who? _____
- Describe your home: ___ House ___ Condo ___ Apartment ___ Other _____
___ Owner ___ Renter ___ Sub-let ___ HOA member ___ Co-op member ___ Other: _____
___ Front door opens to street ___ Front door opens into courtyard or entryway
___ No Yard ___ Unfenced Yard ___ Partly Fenced Yard ___ Completely fenced yard
___ Yard with Dog Run: describe dog run: _____
- FOR CONDO: Do HOA rules allow pets? _____ Any breed/size restrictions? _____
Please attach copy of applicable restriction/permission pages.
- FOR RENTALS: Landlord's name and telephone number: _____
Please attach Landlord's written permission or applicable rental agreement page(s).
- Describe your yard: Size: _____ feet by _____ feet Surface (grass, stone, etc.) _____
Height of fence: _____ feet made of? wood, chain link, brick, other: _____
Number of gates: _____ Do all gates have locks? _____ Do gates open to street? _____
- Who has access to your yard, besides you (such as: gardener, pool cleaner, children, utility company, roommates, people in other units, other dogs, other pets): _____

SECTION 3. EXPERIENCE

- How many TOTAL OTHER PETS currently live in your household? _____
For OTHER PETS, please answer the following (Continue in Section ___ if needed)
Name _____ M/F Breed-description _____ Age _____ Weight _____ Neutered Y/N
Name _____ M/F Breed-description _____ Age _____ Weight _____ Neutered Y/N
Name _____ M/F Breed-description _____ Age _____ Weight _____ Neutered Y/N
Name _____ M/F Breed-description _____ Age _____ Weight _____ Neutered Y/N
- How would you describe your level of experience with dogs? ___ Never had a dog ___ Had childhood pet dog
___ Had one or more dogs as an adult ___ Have experience with ___ small ___ medium ___ large dogs
___ Have experience with specific breeds _____
___ Professional dog trainer or dog-related business or professional: please explain: _____

 __Previous foster or rescue experience - Rescue organizations you have worked with before: _____

3. If you have children, please describe their experiences with dogs _____

4. Other than any pets listed in Question 1, when did you last have a dog? _____

That dog's name _____ M/F Breed-description _____ Weight __ Neutered Y/N

Dog's age when you first met _____ How did you come to have that dog? _____

What happened to the dog? _____

5. If you have ever had an animal that required major surgery, or had a medical condition that required medication for a long period of time, please describe your experience with that animal, and the outcome of the treatment: _____

6. How long have you been thinking about fostering? _____

7. What are your main reasons for wanting to foster? _____

SECTION 4. PLANNING FOR A PROSPECTIVE FOSTER DOG

1. Fosters require investment of both time and money. Can you provide grooming, proper diet, shelter and exercise for a foster dog? __Yes __No Can you take a dog for vaccinations and to the vet? __Yes __No

2. Do you believe you are able to make a commitment to care for a foster dog placed in your care, until the dog is permanently placed with an adoptive home, whether this takes days, weeks, or months? __Yes __No

3. Are you willing to follow suggestions of Rocket Dog Rescue regarding type(s) of food, times of feeding, and amount of food for a foster dog? __Yes __No

4. Who would bathe, trim the toenails, brush, and groom the foster dog? _____

5. Will you use flea control recommended by Rocket Dog Rescue? __Yes __No

6. Where would a foster dog go potty (dog-litter box, paper pads, paper in room, in its crate, in the dog run, outside in yard, while being walked) _____

9. Describe how you would plan to house-train a foster dog: _____

10. Would a foster dog in your care wear a collar with identification tags at all times? __Yes __No

If no, please describe when a collar would not be worn: _____

11. Are any rooms in your house off-limits? _____ If so, how would you keep a foster dog out of the room(s)? _____

12. Where would a foster dog generally sleep at night? _____

13. Where would a foster dog usually spend the day (inside, outside, other: describe) _____

14. What are your daily work hours away from home? _____

15. How long during each workday would a foster dog be without you? _____

16. Where would a foster dog stay while you are at work? _____

17. Would anyone else be at home with a foster dog while you are working? __Yes __No

If yes, who? _____

18. Would you plan to use a dog walker, a pet sitter, or a dog daycare facility to care for a foster dog while you are working? __Never __Sometimes ____Regularly

19. How would you plan to provide care for a foster dog while you are on vacation:
 ___pet sitter ___dog boarding facility ___Other: _____

20. If you have prior experience with a dog walker, daycare facility, pet sitter, or boarding facility. please provide the name of the service provider and tell about your experience(s) with them: _____

21. How often and in what way would you plan to exercise a foster dog? (dog park, hiking trails, neighborhood walks, dog walker, other) _____

22. When and where would a foster dog in your care be allowed off lead (no leash)? _____

23. Would you enroll a foster dog in obedience or good citizen group classes if needed, and attend the class yourself? __Yes __No If no, how would you plan to train a foster dog? _____

24. Describe how you think you would discipline a foster dog _____

25. Are you willing and able to administer medication orally, topically, or by injection as prescribed for ongoing or newly discovered medical conditions? __Yes __No

SECTION 5. RESCUED DOGS: LESS-THAN-PERFECT

1. Are you willing to live with the following behaviors, either occasionally or regularly, that can “come with” a foster dog, and that may or may not be affected by time & training (check all that you think you could live with occasionally or regularly)

Hair on your furniture?	<input type="checkbox"/>	Stains on your floor/rugs?	<input type="checkbox"/>
A dog on your furniture?	<input type="checkbox"/>	A dog not good with cats?	<input type="checkbox"/>
A dog who loves only you?	<input type="checkbox"/>	A dog not good with men?	<input type="checkbox"/>
A dog not good with children?	<input type="checkbox"/>	A dog not good with women?	<input type="checkbox"/>
A dog who barks?	<input type="checkbox"/>	Dog destruction (chewing)?	<input type="checkbox"/>
A dog that fears larger dogs?	<input type="checkbox"/>	A dog not good with other dogs?	<input type="checkbox"/>
Dog poop on the floor?	<input type="checkbox"/>	A dog that lifts his leg to mark inside?	<input type="checkbox"/>
Special medical needs	<input type="checkbox"/>	Administration of medicine or other medical treatments for ongoing medical conditions	<input type="checkbox"/>

- 2.. Which of the following reasons might prompt you to stop fostering a particular dog?

The dog's		Your	
Excessive barking	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Biting	<input type="checkbox"/>	Moving	<input type="checkbox"/>
Fighting with other dogs	<input type="checkbox"/>	Divorce	<input type="checkbox"/>
Digging, plants & yard damage	<input type="checkbox"/>	New spouse/partner does not like foster dog	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	Financial problems	<input type="checkbox"/>
Growling at guests	<input type="checkbox"/>	New child	<input type="checkbox"/>
Shedding	<input type="checkbox"/>	Care of elderly parent	<input type="checkbox"/>
Dog poop or Lifts leg indoors	<input type="checkbox"/>	Costs of food, grooming, training	<input type="checkbox"/>
Aggressive on leash	<input type="checkbox"/>	Other costs associated with foster dog	<input type="checkbox"/>
Jumps fence / escapes dog run	<input type="checkbox"/>	Other pet not adjusting well to foster dog	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

- 3. If a behavioral problem arises, will you seek help from, and accept advice of Rocket Dog Rescue, including referral to a trainer? Yes No
- 4. If you have ever worked with dog trainer(s) before, please list the name(s) and describe your experience(s) with them _____

- 5. Please describe your limitations regarding foster dogs (check or describe all that would apply):
 - Number of dogs could foster at same time _____ Need transportation help
 - No non-spayed females No non-neutered males Must have prior Bordatella vaccine
 - No special medical needs Special medical needs okay Mobility issues okay
 - Blindness okay Deaf okay Weight range ANY SIZE or _____ to _____ pounds
 - Very shy or timid okay Bitey or fearful okay No aggressive dogs
 - Puppies okay Elderly okay Very active okay
 - Must not hate cats Must be okay with children
 - Certain personalities preferred _____
 - Certain breeds preferred _____
 - Certain breeds/types NOT okay _____

Please describe any other limitations that could make a particular dog good for you to foster, or difficult/impossible for you to foster: _____

SECTION 6. CONTINUING / ADDITIONAL INFORMATION (AS NEEDED)

Signature _____ Date _____

Please email this completed form to _____

For Rocket Dog Rescue Use

Reviewed by _____ Date: _____ Status: _____

Notes: