

## 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: