

EAST C.A.N. FOSTER APPLICATION

Name: _____

Phone: _____

Address: _____

Address: _____

Date: _____

Please list all the people living in your household:

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

What are your primary reasons for wanting to foster a dog?

Where do you currently reside?

House Apartment Condo Mobile Home

Duplex Parents Other (please explain)

Do you Own Rent

What percentage of time will the dog spend outside in the yard?

0 - 25% 26-50% 51-75% 76-100%

What pets do you currently have in your household? (dog, cat, rabbit, bird, etc)

Name: _____ Age: _____ Species: _____ Spayed/Neutered Y/ N

Inside/Outside/Both _____ Vaccines Current? Y / N

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Work Phone: _____

Cell Phone: _____

What number is best to reach you? _____

What time of day is best? _____

E-mail address _____

If you rent, does your lease allow animals? Y / N

How many? _____

Landlord's name: _____

Landlord's telephone #: _____

How long have you lived at your current residence?

Have all the adults in the household agreed to foster?

Is anyone allergic to pets or have asthma? If yes, who?
How severe is the allergy? _____

If you have a pet please provide your current veterinarian's name and
number:

Name _____ Phone # _____

If the foster animal becomes suddenly ill or injured, are you able to manage
veterinary visits and after care depending upon the injury or illness? Y / N

Are you willing and able to dispense scheduled medications if necessary?

Preventative meds? (ie: heartworm, flea) Y / N

What would cause you to be unable to care for the dog any longer?

Will this dog be allowed outdoors? Y / N

Do you have a fenced yard? Y / N If so, how high and what type?

Where will the dog stay during the day/night? (please indicate times when you will be home and not home)

Day: _____

Night: _____

How will you keep the foster dog confined to your property? (check all that apply)

House Kennel Fenced Yard Chain Garage

Leash Runner Patio

Do you have any travel plans (work or vacation) that would require East C.A.N. to coordinate alternative care for the foster dog in your absence?
If so, when and for how long?

PET HISTORY

What pets have you owned in the past 5 years that you no longer have?

Name: _____ Age: _____ Type: _____ Sex: _____ Spayed/Neutered

Kept where? _____

Where is pet now? _____

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Kept where? _____

Where is pet now? _____

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Kept where? _____

Where is pet now? _____

REFERENCE

Please provide a reference who can speak about your capacity to nurture and provide for an animal in your care. (such as a vet, pastor, neighbor, friend etc)

Name: _____

Phone # _____

DISCLAIMER

Some of the dogs in our program come from Animal Control facilities. Our vet screens each dog for noticeable health problems and vaccinates each dog. Each dog is placed on heartworm prevention and given flea and tick preventative. However, with all of this care, a small percentage of dogs may require vet care or become ill while in foster care. Please let us know if you have any questions regarding this statement.

Initial that you have read the above _____