



## Dog Foster/Adoption Application

### PERSONAL INFORMATION

Applicant: \_\_\_\_\_ DL# \_\_\_\_\_

Are you at least 21 years of age?  Yes  No

Co-Applicant: \_\_\_\_\_ DL# \_\_\_\_\_

Are you at least 21 years of age?  Yes  No

Address: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Which do you prefer to foster/ Adopt  Adult Dogs  Puppies  Nursing dog Moms w/ Puppies?

Do you prefer a certain size dog: S M L XL Any specific breed experience? \_\_\_\_\_

Have you ever fostered or adopted from another Humane Society or Rescue organization?  Yes  No

If yes, provide their name, address and phone number: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Applicant  
Employer: \_\_\_\_\_ Occupation \_\_\_\_\_ Years \_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

If less than one year, name and address of previous employer \_\_\_\_\_

Co-Applicant  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs \_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If less than one year, name and address of previous employer \_\_\_\_\_

**HOUSEHOLD INFORMATION**

How many people in your household? \_\_\_ What is their relationship to you? \_\_\_\_\_

If there are children, what are their ages and gender? \_\_\_\_\_

Does anyone in the household have allergies? Yes No Explain \_\_\_\_\_

\_\_\_\_\_

Describe the general activity and noise level of your household \_\_\_\_\_

Who is home during the day? \_\_\_\_\_ Do you operate a home day care? Yes No

What are your work hours? \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**INFORMATION ABOUT YOUR HOME**

Do you own your home? Yes No If renting, does your lease permit dogs? (copy required) Yes No

If renting, please provide the name and phone number of your landlord: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ If less than two years, give previous address:

\_\_\_\_\_

Do you plan on moving soon? Yes No If Yes, where and when? \_\_\_\_\_

What is your lot size? \_\_\_\_\_ Is it fenced? Yes No Height \_\_\_\_\_

Where will you exercise your dog while on a leash? \_\_\_\_\_

Where will you exercise your dog while off a leash? \_\_\_\_\_

**YOUR DOG’S ACCOMMODATIONS**

Where will the dog be during the day? \_\_\_\_\_ At night? \_\_\_\_\_

When you are away overnight (boarding, house sitter, etc.)? \_\_\_\_\_

How do you plan to confine the dog when you are away from your home daily? \_\_\_\_\_

Will there ever be a time when the dog will be left outdoors when no one is home? \_\_\_\_\_

Please explain \_\_\_\_\_

Will you crate train your dog? \_\_\_\_\_

Are there any unusual circumstances to which the dog will have to adapt? \_\_\_\_\_

Please explain \_\_\_\_\_

Are there any canine behaviors you are not willing to tolerate? \_\_\_\_\_

Please explain \_\_\_\_\_

What activities will your dog have? \_\_\_\_\_

**YOUR PERSONAL FEELINGS ABOUT FOSTERING/ADOPTING**

Why do you want foster or Adopt? \_\_\_\_\_  
 \_\_\_\_\_

If fostering how long are you willing to foster? \_\_\_\_\_  
 \_\_\_\_\_

Other comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT OWNERSHIP EXPERIENCE**

Do you own/have current dogs in the home? Yes No

Do you own/have current cats in the home? Yes No

Name	Breed	Age	Sex	Spayed or Neutered?		Up to Date Rabies, DHPP, Bordatella		# of years you had pet	What happened to pet?
			Male or Female	Yes	No	Yes	No		

**Note: It is our policy that all household pets must be altered prior to fostering/adopting.**

Have you ever taken a dog through pet training class? Yes No Where? \_\_\_\_\_

When? \_\_\_\_\_ How many levels? \_\_\_\_\_

Please describe the type of training that was utilized at the class you attended \_\_\_\_\_  
 \_\_\_\_\_

What skills were taught? \_\_\_\_\_

Did you agree with the training methods utilized at the training class? Yes No

Please explain \_\_\_\_\_

If you have never taken a dog through pet training class, are you willing to? Yes No

**REFERENCES**

Veterinarian

What Veterinary Clinic do you use? \_\_\_\_\_

Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, ST \_\_\_\_\_

Are your current animals up to date on vaccinations? Yes No

**PERSONAL REFERENCES**

Two local individuals (not related to you but knows or has known your other animals (if possible, one of whom is a neighbor).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we visit your home? Yes No When is a good time to visit? \_\_\_\_\_

**ABOUT YOUR AUTHORIZATION:**

**I understand:**

- A Tail of 4 Paws Animal Rescue, in an effort to ensure the best possible foster or adopter home for a pet, has the right to deny any application. Additionally, we have the right to conduct a home visit or telephone interview prior to the fostering/adopting, during the fostering, or after adoption to verify the wellness and safety of the pet.
- The foster or adopter must be present and must be at least 21 years of age with proper proof of age
- A Tail of 4 Paws Animal Rescue, in an effort to ensure the best possible foster or adoptive home of a pet, has the right to confirm the information provided on this form, including contacting landlords, references and veterinarians

By signing below, I am confirming that I have read and understand the terms of this foster/adoption application.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

Any falsifications or misleading statements on this form will result in a dismissal of your application.

**PO BOX 7757 Romeoville, IL 60446**  
**Website: Atailof4paws.org**  
**Email:Rescue@atailof4paws.org Phone/Fax: (855)-630-7297**