

NOLA LABRADOR RETRIEVER RESCUE
FOSTER APPLICATION



PERSONAL INFORMATION					
Date of application					
Name					
Address					
City		State		Zip	
Phone			Email:		
WORK INFORMATION					
Employer					
City					
Occupation				Typical # hrs worked daily	
CO-APPLICANT (Adults over 18 years old)					
Name					
Relationship	Spouse <input type="checkbox"/> Significant <input type="checkbox"/> Roommate <input type="checkbox"/> Other <input type="checkbox"/> _____				
Employer					
City					
Occupation				Typical # hrs worked daily	
BACKGROUND INFORMATION					
Number of people in the household?		Adults:	Ages:		
		Children:	Ages		
If there are children in the household (including visiting grandchildren), are they experienced with dogs?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Who would have primary responsibility for caring for a foster dog?					
Do you have any health problems, which might affect your fostering?					
Are you willing/able to adjust your schedule (if needed) while a foster dog becomes acclimated to your home? How?					
Is there anyone home during the day? If yes, who?					
If not, how long will the foster dog be left alone? Where will he or she be kept while alone?					
Are you comfortable with: Houstraining <input type="checkbox"/> Shy dogs <input type="checkbox"/> Active dogs <input type="checkbox"/>					
Are there restrictions on how long you can foster a dog?					
Are you prepared to commit to fostering, knowing that a foster could possibly stay in your home for several weeks or months?					
When would you be able to start fostering?					

ENVIRONMENT	
Do you live in a: house <input type="checkbox"/> townhouse <input type="checkbox"/> apartment <input type="checkbox"/> mobile home <input type="checkbox"/> other <input type="checkbox"/> _____	
Do you: own <input type="checkbox"/> rent <input type="checkbox"/>	
If you rent, what is the landlord's policy on pets?	
Do you have a fenced area for exercise? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you do not have a fenced area how will you provide exercise?	
How will the dog potty?	
Who will be the primary person responsible for exercising the foster dog?	
Where will the dog spend its time during the day?	
Where will the foster dog sleep at night?	
Do you have pets in your home now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list all pets, Sex, breed, ages, spayed/neutered.	
Dogs:	
Cats:	
Other:	
Do your pets live: inside <input type="checkbox"/> mostly inside <input type="checkbox"/> mostly outside <input type="checkbox"/> outside <input type="checkbox"/>	
Are your dogs trained? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What types of dogs are you willing to foster? (<i>check all that apply</i>)	
Males <input type="checkbox"/>	Dogs taken from private owners <input type="checkbox"/>
Females <input type="checkbox"/>	Dogs taken in from shelters <input type="checkbox"/>
Adults <input type="checkbox"/>	Abused/Neglected dogs <input type="checkbox"/>
Puppies <input type="checkbox"/>	Injured/sick dogs <input type="checkbox"/>
Do you have a veterinarian? (<i>If so, please provide their name and phone number</i>)	
REFERENCES Please list 2 references with telephone numbers	
Name:	Phone #:
Name:	Phone #:

I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I also understand that NOLA Labrador Retriever Rescue will not be responsible for any damage by the fostered animal.

Signature of Applicant: _____ Date _____

Signature of Co-Applicant: _____ Date _____