

**FOSTER APPLICATION FORM**

**PLEASE RETURN COMPETED FORMS TO** [**CLEOSMUTLEYCREW@GMAIL.COM**](mailto:CLEOSMUTLEYCREW@GMAIL.COM)

**PLEASE READ THE FORM CAREFULLY AND ANSWER ALL THE QUESTIONS HONESTLY AS THIS WILL HELP DETERMINE A SUITABLE FOSTER DOG TO MATCH WITH YOU.**

**PLEASE ANSWER ALL QUESTIONS AND GIVE AS MUCH DETAIL AS POSSIBLE, IF A QUESTIONS DOES NOT APPLY TO YOU THEN PLEASE MARK WITH N/A. YES OR NO QUESTIONS CAN BE MARKED WITH A (Y) FOR YES AND (N) FOR NO.**

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **FULL NAME:** | | **D.O.B:** |
| **ADDRESS:** | | |
| **EMAIL:** | **CONTACT NUMBER:** | |
| **OCCUPATION:** | **PART/FULL TIME:** | |

**HOME LIFESTYLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF PROPERTY YOU LIVE IN?** (flat, bungalow, house) | | | | | **OWNED OR RENTED:** | |
| **DO YOU HAVE A GARDEN?** (if yes, is it shared or private?) | | | | | | **IS IT SECURE?** |
| **AREA TYPE:** (city, town, village, suburbs, rural) | | **DO YOU DRIVE, HAVE ACCESS TO TRANSPORT?** | | | | |
| **NUMBER OF ADULTS AT HOME?** | **NUMBER OF KIDS AT HOME?** | | | **KIDS AGES?** | | |
| **DOES ANY FAMILY MEMBER SUFFER FROM ALLERGIES?** | | | | | | |
| **HOW MANY HOURS A DAY WOULD A DOG BE LEFT?** | | | **HOW MANY DAYS A WEEK?** | | | |
| **WOULD YOU CONSIDER A DOG WALKER IF NECESSARY?** | | | | | | |
| **HOW ACTIVE IS YOUR LIFESTYLE?** | | | | | | |

**CURRENT & PREVIOUS PETS**

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| **DO YOU HAVE ANY OTHER PETS?** (please specify species, breed, sex & age of pets) |
| **ARE YOUR CURRENT PETS SPAYED/NEUTERED?** (if not, why?) |
| **ARE YOUR PETS UP TO DATE WITH VACCINATIONS, FLEA AND WORMING?** |
| **DOES YOUR CURRENT DOG(S) SOCIALISE WITH OTHER DOGS ON A REGULAR BASIS?** |
| **HAS YOUR CURRENT DOG(S) EVER SHOWN AGGRESSION TO ANOTHER DOG?** |
| **WHAT IS YOUR CURRENT DAILY WALKING ROUTINE?** |
| **CURRENT VET PRACTICE:** |
| **HAVE YOU HAD ANY EXPERIENCE OR OWNED RESCUE DOGS?** |
| **WHAT PREVIOUS DOGS HAVE YOU OWNED?** |
| **HAVE YOU EVER HAD TO GIVE A DOG UP?** (if yes, why?) |

**EXPERIENCE**

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| **HAVE YOU EVER FOSTERED BEFORE?** (if yes, please give details) | | | | | | | | | |
| **DO YOU HAVE EXPERIENCE WITH ANY OF THE FOLLOWING?** (answer using Y OR N for each question) | | | | | | | | | |
| **TOILET TRAINING?** | **CRATE TRAINING?** | | **BASIC OBEDIENCE?** | | **GUARDING FOOD/TOYS?** | | **SEPARATION ANXIETY?** | **CHEWING/DESTRUCTIVE BEHAVIOUR?** | |
| **FEARFUL DOGS?** | | **AGGRESSIVE DOGS?** | | **PUPPIES?** | | **SPECIAL NEEDS DOGS?** | | | **LEAD PULLING?** | |
| **HOW WOULD YOU DEAL WITH A DOG HAVING A TOILET ACCIDENT IN YOUR HOME?** | | | | | | | | | | |
| **HOW WOULD YOU DEAL WITH A DOG MOUTHING?** | | | | | | | | | | |
| **HOW WOULD YOU DEAL WITH A DOING BEING DESTRUCTIVE IN YOUR HOME?** | | | | | | | | | | |
| **HOW WOULD YOU DEAL WITH A DOG THAT HAS SEPARATION ANXIETY?** | | | | | | | | | | |
| **DO YOU FEEL YOU COULD CONTROL A DOMINATING DOG?** | | | | | | | | | | |
| **HOW WOULD YOU DEAL WITH A FOSTER DOG THAT DIDN’T GET ALONG WITH YOUR CURRENT DOG?** | | | | | | | | | | |
| **HOW MUCH TIME ARE YOU WILLING TO GIVE YOUR FOSTER DOG TO SETTLE IN?** | | | | | | | | | | |
| **ARE YOU WILLING TO THROUGH HARDSHIPS WITH YOUR FOSTER DOG WITH HELP FROM OUR TRAINER OR AN EXPERIENCED FOSTERER?** | | | | | | | | | | |

**FOSTER PREFERANCES**

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| **WHY DO YOU WANT TO FOSTER?** | | | |
| **WOULD YOU FOSTER AN OLDER DOG?** | | **WOULD YOU FOSTER A SENIOR DOG?** | |
| **WOULD YOU FOSTER A DOG WITH MEDICAL ISSUES?** | | **WOULD YOU FOSTER A DOG WITH BEHAVIOUR ISSUES?** | |
| **WHERE WOULD YOUR FOSTER DOG SLEEP?** | | **WHERE WILL YOUR FOSTER DOG BE KEPT WHEN YOU’RE OUT?** | |
| **HOW MUCH EXERCISE ARE YOU WILLING TO GIVE YOUR FOSTER DOG?** | | | |
| **WHAT ENERGY LEVEL WOULD YOU BE WILLING TO FOSTER?** (see below) | | | |
| **LOW ENERGY –** SHORT DAILY WALKS: | **MEDIUM ENERGY –** LONG DAILY WALKS: | | **HIGH ENERGY –** RUNNING BUDDY, AGILITY, FLYBALL TYPE: |
| **HOW LONG CAN YOU COMMIT TO FOSTERING?** | | | |
| **IS THERE ANY ISSUES YOU FEEL YOU COULD NOT COPE WITH?** | | | |
| **IS THERE ANY TYPE OF DOG YOU FEEL YOU COULD NOT COPE WITH?** | | | |
| **DO YOU FEEL YOU COULD COPE WITH ANY SIZE OF DOG?** | | | |
| **CAN YOU PLEASE TELL US ABOUT ANY PREFERANCES YOU HAVE FOR A FOSTER DOG AND ANY FOSTER DOGS THAT YOU WOULD NOT ACCEPT?** | | | |
| **YOUR ARE WELCOME TO BUY YOUR OWN SUPPLIES FOR YOUR FOSTER DOG AT YOUR OWN EXPENSE, THIS HELPS THE RESCUE AS WE ARE SOLEY FUNDED BY PUBLIC DONATIONS, HOWEVER IF YOU REQUIRE HELP WITH ANY SUPPLIES WE WILL COVER THE COST BY PRIOR AGREEMENT – PLEASE SELECT BELOW IF YOU WOULD REQUIRE HELP WITH ANY ITEMS.** | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **FOOD** | **COLLAR & LEAD** | **BEDDING** | **CRATE** | **TRAINING TOOLS** | **VET TREATMENT** | **OTHER** | |  |  |  | **WILL ONLY BE ALLOCATED TO DOGS THAT REQUIRE ONE** |  | **ALL VET CARE IS COVERED BY THE RESCUE** |  | | | | |
| **PLEASE USE THIS SECTION TO ADD ANY REVELANT INFORMATION THAT YOU FEEL MAY SUPPORT YOUR APPLICATION:** | | | |

**DO YOU AGREE TO SUPERVISE KIDS AROUND YOUR FOSTER DOG AT ALL TIMES & NOT ALLOW CHILDREN TO SIT ON YOUR FOSTER DOG OR PULL EARS AND TAIL ETC?**

**DO YOU AGREE TO PROVIDE A LOVING, CARING & STABLE ENVIRONMENT FOR YOUR FOSTER DOG AND TREAT YOUR FOSTER DOG KINDLY AND HUMANELY?**

**DO YOU AGREE TO PROVIDE SUFFIECENT MENTAL AND PHYSICAL EXERCISE FOR YOUR FOSTER DOG?**

**DO YOU UNDERSTAND THAT YOUR FOSTER DOG WILL REQUIRE TIME TO SETTLE AND ADJUST TO THEIR FOSTER HOME AND MAY REQUIRE TRAINING?**

**DO YOU UNDERSTAND THAT IF CANNOT CONTINUE TO CARE FOR YOUR FOSTER DOG THEY MUST BE RETURNED TO THE RESCUE? NOTICE OF THIS WILL BE REQUIRED AS SOON AS POSSIBLE AS IT CAN TAKE UP TO 2 WEEKS TO FIND ANOTHER SUITABLE FOSTER HOME FOR YOUR DOG.**