

Australian Shepherds Furever Foster Application

*** First Name**

...

*** Last Name**

...

*** Email**

...

*** Home Phone Number**

...

Cell Phone Number

...

Gender

Date of Birth

*** Current Address**

...

Current Address 2

State/Province/Region

*** Zip Code and City**

...

Country

Employment Status

***Employment Status**

- Full Time
- Part Time
- Student
- Retired
- Other

***Name of Employer**

Help Us find you a Foster Dog

***How did you hear about Australian Shepherds Furever?**

***Have you ever fostered before?**

- Yes
- No

***What type of dogs are you interested in fostering? Check all that apply.**

- Young Adult
- Adult
- Senior
- Special Needs - Deaf, Blind, or Both
- Male
- Female
- Puppy
- Whelping Mother or New Mother with Puppies
- Medical Rehab

***If yes, for what rescue or organization? What type of animals did you foster?**

***Do you have any experience with Australian Shepherds or Aussie Mixes?**

- Yes
- No

***What behavior problems are you NOT willing to handle in a foster dog?**

***List the pets you have personally been responsible for, provide the vet name along with how long you owned the pet, and where the pet is now.**

***Are you aware that we often have animals who are in need of medical attention who may require extra patience, medication, etc?**

- Yes
- No

***Where will your foster animal spend most of his/her time when you are away from the house?**

***Can you keep your foster animal separate from any other pets in your home if necessary?**

- Yes
- No

***What length of time could you give a foster animal to adjust in your home, if needed?**

***What energy level would best work with your lifestyle**

- Mello - Short - Daily Walks
- Active - Short Walks and Dog Park or Yard Play
- Energetic Running Buddy

***If you travel, what arrangements would you provide for your foster dog while you are away?**

***If you foster dog is sick, are you comfortable administering oral and/or topical medications**

- Yes
- No

***What would you do if your foster dog scratches, digs or chews in an unwanted area?**

***What would you do if your foster dog has accidents in the home?**

***On a regular day, how many hours will the foster be left alone?**

***Do you have experience or feel you can work with behavior issues? Like stranger danger, food or toy aggression, reactive on a leash, or just under socialized?**

Please describe your level of experience with behavior issues if any.

***List family pets, along with how long you owned the pet, and where the pet is now.**

***If you currently have pets, are they spayed or neutered?**

- I do not believe in spaying or neutering my animals
- Some of my pets are spayed or neutered but not all
- All of my pets have been spayed or neutered at the age-appropriate time
- I do not have pets

***Are your pets up to date on their vaccinations and monthly preventatives?**

- I do not have currently have pets
- I do not vaccinate my animals or give them monthly preventatives
- My animals are up to date on their vaccinations but I do not administer monthly preventatives
- My pets are all up to date on their vaccinations and receive monthly preventatives

About your home

***Do you rent or own?**

- Rent
- Own
- Other

***If you rent, does your landlord allow dogs?**

- I own my home and do not need approval from a landlord
- I own a co-op and have received board approval to have a pet
- My landlord does not allow pets and I am planning on relocating soon
- Yes, my landlord allows pets
- Please select one of the following

***Does your landlord know you are looking to foster?**

- Please select one of the following
- I own my home and do not need approval from a landlord
- I have not yet informed my landlord of my desire to have a pet
- My landlord is aware that I am actively looking for a dog

***Do you have a yard?**

- Yes, a fenced yard.
- Yes, an unfenced yard.
- I don't have a yard.

***Are all the members of your household in agreement about fostering a dog?**

- Yes
- No
- I haven't told them yet.

***List the members of your household. Name/Relation/Age**

***Does anyone in the household have pet allergies?**

***Do you have screens in your windows?**

Yes

No

***Do you have roommates?**

Yes

No

***Do you have an area to quarantine the pet from other animals if necessary?**

Yes

No

Personal References - Please use Non-Family Members

Please let your References know in advance that we will be calling. Thank you.

***Reference One - Full Name**

***Reference One - Phone Number**

***Reference Two - Full Name**

***Reference Two - Phone Number**

***Reference Three - Full Name**

***Reference Three - Phone Number**

A Few Questions Last Questions

***Have you ever had to give up a pet? If so, why and where did the pet go?**

***Have you been involved in domestic disturbances in which the police were called? If so, explain.**

***What length of time can you commit to fostering?**

Emergency Contact Information

***Emergency Contact Full Name:**

***Relationship to you:**

***Emergency Contact Street Address, City, State and Zip**

***Emergency Contact Phone - Cell Phone Preferred**

***Emergency Contact Email Address:**

Veterinary Information

Note: You will need to call the vet and allow him/her to release the vet records of your current pets

***Name of your Veterinary or Veterinary Clinic**

***Veterinary or Veterinary Clinic Address**

***Veterinary or Veterinary Clinic Phone Number**

Acknowledgement

By answering the questions on this form you are acknowledging that you have answered all of the above questions truthfully and to your best ability.

As part of the application process, I give my consent to a background check to be performed after the submission of this application, as well as home check, if necessary. I understand if my application is approved any false statements, omissions, or other misrepresentations may result in my not being able to foster a dog for ASF. By signing my name below, I vow all of the information provided is accurate and true to the furthest extent of my knowledge.*

***Your Acknowledgement**

- Yes - I acknowledge the above statements
- No - I do not acknowledge the above statements

***Your Signature**

Please type your Full
Name
