



Rhodie's Rescue

P.O. Box 433 Knightsen, CA. 94548
Phone: 925-344-9959
Email: Rhodiesrescue@gmail.com

Foster Home Application (Print-Friendly Version)

Name of Foster: _____ Email address: _____

Home Address: _____ Mailing Address (if different): _____

Home Phone: _____ Work: _____ Cell: _____

Occupation: _____ Driver's License #: _____

Are you over 21 years of age? YES NO

Foster Interest: (please check all that apply)

Nursing Mother and pups Pups under 8 weeks with no mother Pups under 1 year

Young Adult Dog Dogs over 3 yrs Senior Dog Hospice Dog Sick/injured

Small 4-25 lbs Medium Dogs 25-55 lbs Large Dogs 55-90 lbs X-Large Dogs 90 lbs+

Is there any personality/behavior/breed you would not consider fostering? _____

How long are you able to commit to fostering? _____

Why are you interested in fostering? _____

Do all members of your household agree to fostering? _____

Would you consent to a home visit by a Rhodie's Rep prior to taking a dog into your home? YES NO

Foster Experience:

Have you ever fostered before? YES NO

Are you currently fostering any animals on your own or for any other organization? YES NO If yes, please indicate which organization:

Describe your level of experience with dogs: _____

Do you have experience with a particular breed? _____

Do you have experience with training? _____

Have you ever cared for a dog with an injury, illness or surgery? YES NO (If Yes, Describe) _____

Rhodie's Rescue

Foster Home Application (Print-Friendly Version) - continued

Tell us about your pets:

How many companion animals do you currently have? _____

Number of Dogs:	Number of Cats:
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Other Pets: (describe) _____

Current Dogs:

Age	Gender	Breed	Spay/Neutered
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Current Cats:

Age	Gender	Breed	Spay/Neutered
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Are all your pets current on vaccinations? Yes/No

Do they get along with other animals? Yes/No

Do they have any medical or behavioral issues? Yes/No If yes, please explain: _____

What companion animals have you had in the past (those that are no longer with you) and what happened to them?

Who is/was your veterinarian? : _____

Clinic or Hospital Name:	City:
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May we contact him/her for a reference? Yes/No Phone #: _____

ABOUT YOUR HOME:

How many adults (over 18) live in your home? _____ Are there any children under 18? Yes/No

If yes, what are their ages?

Are there other family members, friends or other children that visit regularly? Yes/No

If yes, how often and can you explain? _____

Are there any other pets that visit your house regularly? Yes/No If yes, please explain: _____

Does anyone in your home have allergies to pets? Yes/No If yes, who? _____

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Foster Home Application (Print-Friendly Version)- continued

Is your home: House Apartment Condo Townhouse Duplex Studio

Do you: Own Rent Sublet Belong to HOA How long at this address?

If you rent, do you have landlord's permission to have pets? Yes/No

Can you provide a copy of your rental agreement that states you are allowed pets? Yes/No

Landlord's Name: _____ Phone #: _____

Do you have a 6 foot fenced, and secure backyard? Yes/No

Is there shelter from the elements in your backyard? Yes/No Please describe: _____

Where does your front door open to? Street Hall/Entryway Front Yard Courtyard

How many hours are you away from home on an average day? _____

Can you provide pictures of your front yard, back yard and the areas inside your home where the dog will sleep, eat and be allowed to access? Yes/No

ABOUT YOUR FOSTER DOG:

Who will be the primary care giver for your foster dog? _____

Where will your foster dog(s) stay when while you are away from home? _____

Where will your foster dog sleep at night? _____

Where will your foster dog be when you are at home? _____

How will your foster dog get exercise? _____

How will you discipline the dog? _____

Will you obedience train the dog? _____

Are you able to keep your foster dog separate from your own animals? Yes/No

Would you be comfortable giving your foster dog medications? Yes/No

Are you able to transport your foster dog to veterinary appointments? Yes/No

Are you able to bring your foster dog to weekend adoption events at least 3 times/month? Yes/No

Are you willing to show your foster dog during the week by appointment, either in your home or a designated public area to potential adopters? Yes/No

What would cause you to want to return your foster dog? _____

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Foster Home Application (Print-Friendly Version) - continued

Do you have current and active automobile insurance? Yes/No

Auto Insurance Carrier: _____

Do you have current and active Health Insurance? Yes/No

Health Insurance Carrier: _____

Please list the name and phone number of a non-family member who can be used as a reference:

Name:	Phone:
Relationship:	How long known:

Rhodie's Rescue does not operate a shelter and relies solely on the use of foster homes to save the lives of dogs in need. I understand fully my foster dog is temporarily in my care and belongs exclusively to Rhodie's Rescue. I further understand the purpose of this foster relationship is solely to provide care for my foster dog and any determination made about this dog or this dog's care must be authorized by a designated Rhodie's Rescue Representative. I understand any veterinary care must be authorized by a designated Rhodie's Rescue Representative. I further understand I will be responsible for any expenses incurred unless authorized by a designated Rhodie's Representative. I will not hold Rhodie's Rescue responsible for any damages to property, persons or personal pets as a result of this foster dog.

Print Name: _____ Date: _____

Signature: _____

Do not write below this line

Rhodie's Rep taking application: _____ Location: _____

Received on: _____ By: _____

Reviewed on: _____ By: _____

Approved on: _____ By: _____