

**Foster Application**

Name of animal being fostered \_\_\_\_\_

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_

Do you own or rent your home ? \_\_\_\_\_

If you rent, Landlord name \_\_\_\_\_

Landlord's phone \_\_\_\_\_

Please list the name and relationship to applicant of other adults and children living in the home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other pets: breed, gender, age, and disposition with other animals:

_____	Spayed or Neutered ?
_____	Spayed or Neutered ?
_____	Spayed or Neutered ?

Please list the name and phone # of your **veterinarian(s)**:

_____	_____
_____	_____

Does your property have a fenced area (circle one):

If yes: Chain Link Farm fence Split rail Other (describe) \_\_\_\_\_

Would you be willing to let one of our D.R.E.A.M. volunteers visit your home ? \_\_\_\_\_

Have you ever fostered before ?    Yes    No    If yes, when ? \_\_\_\_\_

If **YES**, then please share some information about your fostering experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If **NO**, then please share some concerns you have about fostering :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours a day will your foster animal spend alone ? \_\_\_\_\_

Where will your foster animal stay when you are not home ? \_\_\_\_\_

Will your foster animal be:    Mostly inside    -    Mostly outside    - or little of both ?

How long are you willing to foster an animal for the D.R.E.A.M organization ?

- Weekend or 1 week only (Emergency & temporary rescue from shelter )
- 2 - 6 weeks (Short term foster) Amount of advance notice needed ? \_\_\_\_\_
- 2 - 6 months (Long term foster) Amount of advance notice needed ? \_\_\_\_\_

Do you agree to provide, at your expense, food and toys for a foster pet ? \_\_\_\_\_  
(Some medical expenses are typically reimbursed by D.R.E.A.M. if approved in advance.)

Sometimes temperament and behavior problems emerge in foster care, are you willing to handle the issues with assistance and guidance from a **D.R.E.A.M. volunteer** ? \_\_\_\_\_

What circumstance or problem would cause you to stop fostering ?  
\_\_\_\_\_  
\_\_\_\_\_

Please list your preferences for a fostering. I would like a dog that is:

- |                            |                                       |                 |
|----------------------------|---------------------------------------|-----------------|
| Young (up to 2yrs)         | 3 - 5yrs                              | Older than 5yrs |
| Very Active                | Somewhat Active                       | Pretty Mellow   |
| Good w/cats or dogs        | Good w/kids                           | Doesn't matter  |
| Already Spayed or Neutered | Willing to Spay/Neuter w/in 3 months. |                 |

Please provide the name and addresses of 2 people (not relatives) who have personal knowledge of your experience working with animals.

Personal Reference # 1 \_\_\_\_\_

Address \_\_\_\_\_

Phone (home or cell or both ) \_\_\_\_\_

How does this person know you ? \_\_\_\_\_

\_\_\_\_\_

Personal Reference # 2 \_\_\_\_\_

Address \_\_\_\_\_

Phone (home or cell or both ) \_\_\_\_\_

How does this person know you ? \_\_\_\_\_

\_\_\_\_\_

All of the above information I have given is true and complete. I understand it is my decision whether or not to foster an animal or volunteer my help. As a foster care-giver, I will not hold the organization responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any animal I decide to foster or volunteer my time to help. D.R.E.A.M reserves the right to refuse any applicant without explanation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

DREAM \_\_\_\_\_

Date \_\_\_\_\_

Representative

Please return form to: D.R.E.A.M. P.O. Box 1455 Piqua , OH 45356

*"Dogs are not our whole life, but they make our lives whole." Roger Caras*