

Application to Foster

Date(MM/DD/YY): _____/_____/_____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Do you have BSL in your township or county: YES NO

Home Phone Number with Area Code: _____

Work Phone Number with Area Code: _____

Driver's License#: _____

Date of Birth: _____ Last 4 of Social Security# _____

Do you presently own any pets? YES NO If yes what kind/ages: _____

If you own dog(s) are they spayed/neutered? YES NO

If not altered, why not: _____

Do you own your home: YES NO Do you have a fenced yard: YES NO

If yes, What type fence: Chain Link Wood Other

How high is the fence? _____

Where will you keep the dog while you are not home? _____

Do you have a crate to keep the dog in? YES NO

Why do you want to foster a dog? _____

Are there children presently living in the house? YES NO

If Yes, What are their ages? _____

Have you ever fostered a dog before? YES NO

Is there a limit to the length of time you can keep the dog until it gets adopted?

YES NO If so, _____

How long can you keep the dog? _____

Why is there a limit? _____

How many hours will the dog be alone during the day? _____

How will you apply general discipline your foster dog is acting out: _____

Do you mind if an interested person comes to your home to look at the dog? YES NO

Are you willing to meet potential adopters at a public location if not in your home? YES NO

Are you willing to bring the dog to the adoption days at pet stores? YES NO

Please return this application to: Please scan and email to capaanimals@gmail.com