



# Dog Foster Provider

Southwest Metro Animal Rescue and Adoption Society

P.O. Box 493, Chaska, Minnesota 55318 • email: [swmetroanimalrescue@hotmail.com](mailto:swmetroanimalrescue@hotmail.com)

Phone: 952-368-PAWS (7297) • efax: 952-487-5206 • [swmetroanimalrescue.org](http://swmetroanimalrescue.org)



**Please take time to accurately complete the application. Thank you.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Marital Status:  Single  Married  Engaged Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License \_\_\_\_\_

Email \_\_\_\_\_ Who to call in case of an emergency \_\_\_\_\_

Are you under 21 years of age?  Yes  No If yes, what is your age? \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Residence: (check one)  House  Condo  Apartment  Hobby Farm  Mobile Home

Do you Own or Rent?  Own  Rent

If Rent, do you have permission from your landlord to have a dog?  Yes  No

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Do you have children under the age of 18 living in the household?  Yes  No If yes, list their ages \_\_\_\_\_

If you have children, list all activities they are involved in outside of the home, such as sports, etc. \_\_\_\_\_

If you have children, what has been their exposure to dogs?  None  Some  A lot  Small dog  Large dog

*Excluding* children, spouse, and applicant, list any other residents living in the household

Name (s) \_\_\_\_\_

Is everyone living in the household aware of the decision to foster a dog?  Yes  No If not, list their name (s) \_\_\_\_\_

Who will be the person responsible for the daily care of the dog such as feeding and exercise? \_\_\_\_\_

What is the activity level of your household?  Quiet  Active  Very Active

Where will the dog be kept during the day when at work and/or away for the day? \_\_\_\_\_

How many hours will the dog be left alone? \_\_\_\_\_

Where will the dog be kept during the night? \_\_\_\_\_

Crate uses:  No crate  Reluctant to crate  Crate if necessary  Will crate  Other \_\_\_\_\_

If planning to crate; how many hours will the dog be left alone in the crate? \_\_\_\_\_

Is your yard completely fenced?  Yes  No If yes, what type of fence? \_\_\_\_\_ Height \_\_\_\_\_

If not, how will you confine the dog to your property? \_\_\_\_\_

List all forms of exercise the dog would receive \_\_\_\_\_

Have you ever attended K9 Obedience Training Classes?  Yes  No

Are you interested in an indoor or outdoor dog?  Indoors  Outdoors  Both If both, explain: \_\_\_\_\_

What has been your experience with dogs? (check one)  Had growing up  Have had one  Have had 2 or 3  Experienced

Describe your experience with dogs and what educational experience you have had with dogs. Be specific (i.e. training classes, books, volunteering etc.) \_\_\_\_\_

Please provide a description of how you would correct your new puppy/dog if it showed destructive or inappropriate behavior such as digging, jumping, chewing, etc. \_\_\_\_\_

**List all of the pets that you have owned within the past 7 years:**

PET #1  Dog ( Alpha Dog  Beta Dog  Unsure)  Cat  Other \_\_\_\_\_

Spayed/Neutered?  Yes  No  Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

Activity level?  Calm  Semi-active  Active

Housed:  Indoors  Outdoors  Both If both, explain \_\_\_\_\_

Do you still have this pet?  Yes  No If no, explain in detail what happened to the the pet \_\_\_\_\_

PET #2  Dog ( Alpha Dog  Beta Dog  Unsure)  Cat  Other \_\_\_\_\_

Spayed/Neutered?  Yes  No  Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

Activity level?  Calm  Semi-active  Active

Housed:  Indoors  Outdoors  Both If both, explain \_\_\_\_\_

Do you still have this pet?  Yes  No If no, explain in detail what happened to the the pet \_\_\_\_\_

PET #3  Dog ( Alpha Dog  Beta Dog  Unsure)  Cat  Other \_\_\_\_\_

Spayed/Neutered?  Yes  No  Male  Female Age \_\_\_\_\_ Breed \_\_\_\_\_

Activity level?  Calm  Semi-active  Active

Housed:  Indoors  Outdoors  Both If both, explain \_\_\_\_\_

Do you still have this pet?  Yes  No If no, explain in detail what happened to the the pet \_\_\_\_\_

(If extra space is needed to list additional pets, use next page.)

Have your own pets been introduced to other animals?  Yes  No If yes, how did they react? \_\_\_\_\_

Do you understand the steps required to properly introduce your new dog to the other animals currently living in your home?  Yes  No

Are you willing to attend canine obedience classes if necessary?  Yes  No

Are you willing to help house train, crate train, and teach basic commands?  Yes  No

Do your own pets receive annual veterinary care?  Yes  No

Are your pets currently updated on vaccinations?  Yes  No

Can you provide proof that your pets are currently updated on vacciantions?  Yes  No

If yes, circle the routine care they receive routinely:

Cats: PRC-C

RABIES

FELINE LEUKEMIA

TEST FOR PARASITES

Dogs: DHPP-C

RABIES

HEARTWORM TEST

TEST FOR PARASITES

IF YES, MONTHLY PREVENTATIVE GIVEN?  Yes  No

Name of attending clinic \_\_\_\_\_ Phone # Of Clinic \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Whose name is listed on the account? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

How many hours will the dog be left alone? \_\_\_\_\_ On average, how many evenings per week do you spend at home? \_\_\_\_\_

Are you and/or your family frequent travelers? \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

List reasons why you are interested in providing foster care: (If more than one reason, list importance by numbers)

\_\_\_Companion for me \_\_\_Companion for other pet \_\_\_Companion for Children \_\_\_Desire to help animals in need

\_\_\_To see if children and/or family are ready/able to care for a dog \_\_\_Other \_\_\_\_\_

What activity level are you looking for in a dog?

\_\_\_Calm (i.e. will sit on your lap and cuddle) \_\_\_Semi-active (i.e. will require daily walks and medium level exercise, etc.)

\_\_\_Active (i.e. will require daily mental and physical stimulation, constant attention, jogs with owner, etc.)

Do you have a preference on (check all that apply): \_\_\_Adult Dogs \_\_\_Puppies \_\_\_Litters \_\_\_Other \_\_\_\_\_

\_\_\_Large Dogs \_\_\_Medium Dogs \_\_\_Small Dogs

Supplies you would need: \_\_\_Food \_\_\_Indoor Crate \_\_\_Leash \_\_\_Dishes \_\_\_Other \_\_\_\_\_

\_\_\_\_\_

Extra space for any more information.

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

I have read the above stated application carefully and certify that the information I have given is accurate and true. I understand that any misrepresentation of the above information authorizes Southwest Metro Animal Rescue to deny application, and/or reclaim the foster pet that is in my home. I understand the pet in my care is property of Southwest Metro Animal Rescue, and any decisions regarding the pet and the pet's future is that of Southwest Metro Animal Rescue. I agree to attend scheduled Adoption Day events with my foster dog.

I acknowledge that Southwest Metro Animal Rescue cannot guarantee any foster animals against parasites, diseases or destructive behavior. I will not hold Southwest Metro Animal Rescue responsible, nor seek any compensation for damages, medical fees or other liabilities incurred by the pet I foster.

I understand that any bites or injuries caused by the pet I foster are to be reported immediately to Southwest Metro Animal Rescue. I further agree to be personally responsible for the humane housing and care of the animal (s) I am fostering.

I understand and accept that it is SMARAS's prerogative to decide which home is most appropriate for the individual dog, and therefore I will not take issue with the decision. Unless otherwise indicated by SMARAS, I may be considered for another dog.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

SMARAS Representative \_\_\_\_\_ Date \_\_\_\_\_

-----OFFICE USE ONLY BELOW THIS LINE-----

Case # \_\_\_\_\_ Breed \_\_\_\_\_

Animal Name \_\_\_\_\_ SMARAS Representative \_\_\_\_\_

Comments \_\_\_\_\_

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