

ISLAND BARK RESCUE

PO BOX 474 • ISLAND PARK, NY 11558

ISLANDBARKRESCUE@GMAIL.COM

DOG FOSTER APPLICATION FORM

Date: _____

Contact Information

Full Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Cellphone No.: _____

Personal Information

Applicant's Age: _____

State that Issued ID/Driver's License: _____

ID/Driver's License Number: _____

Employment Information

Are You Employed, Full or Part Time: _____

Employer's Name: _____

Employer's Phone Number: _____

How Long with Employer: _____

Family & Housing

Do you live in a house, townhouse, apartment, condo or other: _____

Do you own or rent: _____

If renting, provide Landlord's name: _____

Landlord's phone number: _____

How long at the above address: _____

If less than two years, provide previous address: _____

How many adults reside in your home other than you: _____

What is their relationship to you: _____

How many children reside in your home: _____

What are their ages: _____

Does anyone in the home have a known allergy to dogs? _____

Is everyone in agreement with the decision to foster a dog? _____

Other Pets

What other pets (breed) do you have: _____

How many of each: _____

How old are your pets: _____

Are these pets up to date on vaccines: _____

Are these pets spayed/neutered? If no, why: _____

Have you ever surrendered a pet? If so, why: _____

Have you ever had a pet euthanized? If so, why: _____

How do you discipline your pets and why: _____

Veterinarian

Veterinarian's name: _____

Clinic Name: _____

Address: _____

Phone Number: _____

* Providing us with this information you are allowing Island Bark Rescue to call your vet. Please call your vet and ask them to authorize the release information to Island Bark Rescue.

About the DOG you wish to Foster

Which dog are you interested in: _____

What is the reason for fostering a dog: _____

Who will be responsible for feeding, walking, training and giving attention to the dog: _____

Who will be financially responsible for the dog: _____

Please list all requirements you need (i.e. good with children): _____

Where will the dog spend the day: _____

Where will the dog sleep at night: _____

Number of hours (average) the dog will spend alone: _____

Do you agree to provide regular health care by a licensed veterinarian: _____

Do you agree to keep the dog as an indoor dog: _____

When the dog goes outside, how do you plan to supervise it: _____

Do you have a fenced in yard: _____

Personal References

Please list three people who are familiar with both you and your pets:

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Please initial on the marginal lines to show your consent of the following two statements:

_____ Yes, I agree to contact Island Bark Rescue if I can no longer keep this dog.

_____ Yes, I am willing to let a representative of Island Bark Rescue visit my home anytime.

By signing below, I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that falsification of any of the above can result in my being denied fostering of an animal or, if an animal has been fostered to me, the return of that animal to Island Bark Rescue, Inc.

Signature

Date