



## FOSTER APPLICATION

**Must live in Orange, Riverside, Los Angeles or San Diego County or be able to transport to vet appointments and adoption events in those locations.** Please read and answer all questions. Once we receive your application it will be reviewed by our Foster Coordinator. We reserve the right to deny an application for any reason. If you do not hear from us within a week, please check your spam folder and do not hesitate to email us at [savealife@icaredogrescue.org](mailto:savealife@icaredogrescue.org).

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### MATCHING YOU WITH YOUR FOSTER DOG

1. Please select the size of dog that is the best fit for your family:

- Small (<20lbs)  Medium (20-40lbs)  Large (40-70lbs)  Extra Large (>70lbs)

2. Please select the energy level that is the best fit for your family:

- Low  Medium  High

### HOUSEHOLD INFORMATION

3. Please list all occupants in your household besides the applicant:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

4. Who will be the primary caregiver(s) for the dog? A) \_\_\_\_\_ B) \_\_\_\_\_

**SCHEDULE OF PRIMARY CAREGIVER(S)**

A) Occupation: \_\_\_\_\_  Full Time  Part Time  Work From Home

Please describe typical schedule: \_\_\_\_\_

B) Occupation: \_\_\_\_\_  Full Time  Part Time  Work From Home

Please describe typical schedule: \_\_\_\_\_

5. Is anyone in the home allergic to dogs?  Yes  No

6. Tell us a bit about you and your family and why you would like to foster a dog: \_\_\_\_\_

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

**CURRENT PETS**

7. Please list all dogs currently living in the household:

Breed: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Breed: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Breed: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Breed: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

8. Are they spayed/neutered?  Yes  No

If no, please explain why not: \_\_\_\_\_

9. Do you have any other animals that will be living with the dog?  No  Cat  Bird  Rabbit  Livestock

Other \_\_\_\_\_

10. Are all of your dogs up-to-date on their vaccinations including Bordatella?  Yes  No

## HOME

11. Type of Dwelling:  Home  Condo  Apartment

12. Do you:  Own  Rent

13. Do you have an outdoor area for the dog?  Backyard  Patio  Deck  No

14. Does the dog have access to the outside area while you are not home?  Yes  No

If yes, please explain how: \_\_\_\_\_

15. What type of fencing/enclosure do you have? \_\_\_\_\_ How high is it? \_\_\_\_\_

16. Do you have a pool?  Yes  No

17. Upon a required home check, if any modifications are needed for the dog's safety are you open to doing that?  
 Yes  No

### IF YOU RENT PLEASE ANSWER THE FOLLOWING QUESTIONS:

18.  Private Owner  Complex

19. How long have you lived there? \_\_\_\_\_

20. Do they allow dogs?  Yes  No  Don't Know

21. Is there a weight limit?  Yes  No » If yes, how much? \_\_\_\_\_

22. Is there a breed restriction?  Yes  No » If yes, please describe: \_\_\_\_\_

23. Do you share the yard with other tenants?  Yes  No

24. Landlord Information (REQUIRED):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## DOG CARE

25. Where will the dog stay during the day? \_\_\_\_\_

26. Where will the dog stay during the night? \_\_\_\_\_

27. How many hours will the dog spend alone each day? \_\_\_\_\_

28. Where will the dog stay while you are not home? \_\_\_\_\_

29. How will the dog get exercise? \_\_\_\_\_

\_\_\_\_\_

30. How would you describe your experience level with dogs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. What dog behaviors are undesirable to you and what actions would you take to correct these behaviors?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. Are you willing to work with a trainer on any issues that may arise?  Yes  No

33. What circumstances would cause you to return your foster dog to I.C.A.R.E. Dog Rescue?  None

Excessive Barking  House Training Problems  Discipline Problems  Socialization Problems  Other

Please clarify reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOSTER INFORMATION

When a new dog comes into I.C.A.R.E. Dog Rescue, we may have limited information about their previous living situation and ask that our foster families are understanding that there can be an adjustment period for them to acclimate to their new home. Each dog is an individual and we do our best to match them with the best foster home possible to prepare them for adoption. I.C.A.R.E. Dog Rescue does realize that circumstances may arise when a dog needs to be moved to another foster home that is a better fit. We are a large team of volunteers who all support each other with the common goal of doing what is best for the dog.

*To the best of my ability, I agree to keep my foster dog as long as needed until they are adopted. I understand that this can be as short as a few weeks or can extend for many months.*

I Agree  I Do Not Agree

*To the best of my ability, I will assist my foster dog **if needed** with potty training, leash walking and/or obedience training to help prepare them for an adoptive family.*

I Agree  I Do Not Agree

*To the best of my ability, I will transport my foster dog to their required vet appointments. If this does not work with my schedule, I will notify my foster coordinator so arrangements can be made with another volunteer for transportation.*

I Agree  I Do Not Agree

*To the best of my ability, I will transport my foster dog to adoption events. These are usually held two weekends of every month throughout Orange County. If this does not work with my schedule, I will notify my foster coordinator so arrangements can be made with another volunteer for transportation.*

I Agree  I Do Not Agree

Are you interested in more information or joining any of these teams?

Transportation  Fundraising  Bottle Feeding  Not at this time

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