



## Foster Dog Volunteer Application

### Personal Information (please type or print):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

### Household Information:

How many people are in the household?

Adults (over 21) including self: \_\_\_\_\_ Children (age 0-21): \_\_\_\_\_

Does any member of household have allergies to dogs? Check if yes  If yes, who? \_\_\_\_\_

You live in (House, Apartment, Condo, Townhouse, Mobile House): \_\_\_\_\_ Do you (Own, Rent): \_\_\_\_\_ Years at present address (0-5, 5-10, 10-15, 15-20) \_\_\_\_\_

If you rent, do you have permission to have a dog? \_\_\_\_\_

Have you or do you currently have any pets? If so, please complete the following and complete for all pets for the last 5 years:

Type	Breed	Age	Gender	Spayed/Neutered	Status (living or deceased)?

**Who will be the primary caretaker of your foster dog?** \_\_\_\_\_

**Describe your yard:**

No yard:  Yard not fenced:  Fenced yard, height of fence: \_\_\_\_\_

*Marty's Place Foster dogs must always be supervised when outdoors.*

**If you don't have a fenced yard, do you agree to keep your foster dog on leash at all time outside?**  Yes  No

**Who is your Veterinarian?** \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Do we have permission to contact Veterinarian? \_\_\_\_\_

Please provide 2 personal (non-family) references:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

Experience with dogs (Check all that apply):

- Never had a dog
- Childhood pet
- Handled large breeds
- Small / toy breed only
- Managed chronic health conditions
- Managed multiple pets in household
- Managed behavior issues
- Resource guarding

If you have current pet(s), when  
was last Visit to a Veterinarian?

Pets up to date on vaccinations?  If not, why not? \_\_\_\_\_

### Prospective Foster Dog Information

Have you ever fostered a senior dog? Yes  If yes, please  
No  describe:

Under what circumstances would you not keep or return this dog? \_\_\_\_\_

How many hours a day will your dog be alone? \_\_\_\_\_

Where will the dog be when...  
...you are home? \_\_\_\_\_  
...you are not home? \_\_\_\_\_  
...you are asleep? \_\_\_\_\_

Do you plan to use a crate for your foster dog? Yes  No

What type of dog are you willing to foster? (Check all that apply)

- Long term foster
- Dog with behavior issues
- Hospice care
- Dog with medical needs / health issues
- Temporary (help with vacations, post-surgery recovery, etc.)

Do you prefer a dog that is:(Check all that apply)

- High Energy
- Quiet
- Playful
- Lap Dog
- Easy going
- Protective

What do you feel unprepared for? (Check all that apply)

- Excessive barking
- Blind / deaf dog
- Not good with other animals
- Shy, fearful, unsocialized
- Escape artist
- High Energy
- Incontinence / Marking / Diapers
- Injection
- Administering medications
- Need for training
- Nipping
- Not good with children

Do you have a size preference?

- Smaller Dog (less than 20 lbs)
- Medium Dog (20-50 lbs)
- Large Dog (50+ lbs)
- No Preference

Are you willing to foster a bonded pair? \_\_\_\_\_

By my signature, I certify that the above information is complete and correct and that I am at least 21 years of age. I realize that any misrepresentation of fact may result in my losing the privilege of fostering a dog for Marty's Place. I understand that Marty's Place has the right to deny my request to foster a dog. I authorize verification of all statements on this application including but not limited to prior vet medical history. I agree to notify Marty's Place of all health issues and will take the foster dog to Marty's Place veterinarians. I also agree to take the foster dog, as requested, to outreach and adoption events.

Please print your name: \_\_\_\_\_

To verify, please sign: \_\_\_\_\_