

FOSTER QUESTIONNAIRE



**Citizen Canine
Senior Dog Rescue**

Please complete the items below, then send to us at citizencaninerescue@citizencaninerescue.org

First Name

Last Name

First Name

Last Name

Check One:

Spouse

Partner

Roommate

Street Address

Apt/Unit #

City

State

County

Zip

Primary Phone (required):

Secondary Phone (optional):

Email 1:

Email 2:

Contact Information

Home:

Work:

Cell:

Best Time to Call:

Morning

Afternoon

Evening

Occupation:

Employer:

Veteran:

Yes

No

Prefer not to respond

Living Situation

Own

Rent

If you rent, do you have landlord approval to have a dog/multiple dogs in home: Yes No

Does your residence have a secured, fenced yard? Yes No

If Yes, please describe your yard:

Do you have stairs? Yes No If Yes, how many sets of stairs?

How many adults (over 17) live in your home?

Occupant	First Name	Last Name	Age	Relationship of All Occupants in the House
2 nd				
3 rd				
4 th				
5 th				

How many children (under 18) live/frequently visit your home?

Ages of children:

Current Animals in your Home What current animals reside in your home? (if none proceed to next ?)

Pet	Animal type	Breed	Age	Sex	Current on vaccinations?	Neutered /spayed	Dog friendly
1 st							
2 nd							
3 rd							
4 th							

Fostering

How many hours are you away from home each week?

Where will your foster dog be when you are not home?

Where will your foster dog be when you are home?

Where will your foster dog sleep at night?

Who will be the primary caregiver of your dog?

Do you have previous dog experience? Yes No

If yes, please describe:

Do you have a vehicle? Yes No

Are you willing to drive your foster dog to Veterinary appointments? Yes No

Are you willing to speak with any potential adopters to discuss any information regarding your foster dog? Yes No

Would you be comfortable giving your foster dog medications? Yes No

Are there any limits in the amount of time you can foster a dog? Yes No

If Yes, please describe below:

Are there any size limitations, personality traits, etc. in a foster dog that you would not consider?

Yes

No

If Yes, please describe:

When are you available to start fostering?

Do you have the ability to provide beds, blankets, food, treats?

Yes

No

Would you agree to a home visit prior to your fostering a Citizen Canine Rescue dog?

Yes

No

Contact # in case of emergency:

Is there anything else you would like Citizen Canine Rescue to know?

Yes

No

If yes, Please describe:

Please sign and email to citizencaninerescue@citizencaninerescue.org.

Clear Signature

Date

Printed Name: