

Doberman Rescue of Rockdale, INC Foster Application

Carole Rushing – Owner

cruzmine@comcast.net

This Application is for a potential Foster home.
Please fill this out thoroughly and honestly.

Thank you.

Name _____	Home Phone _____	Work Phone _____
Physical Address _____	City _____	State ___ Zip _____
Mailing Address (if different) _____		
Email Address _____		
What is your occupation? _____ Where do you currently work?		
_____		For how long?

<u>Please complete the following information on anyone else that lives in the home where the Doberman will be living.</u>		
Spouse/Partner: _____	Phone: _____	Work: _____

Occupation: _____	Age: _____	

CHILDREN:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please list anyone additional that lives in the home:

Do you currently have other dogs? _____ If yes, Breed: _____ Age: _____ Male
Female
Other Pets? Explain: _____

What questions would you like to ask about fostering? _____

Do you have a fenced yard? _____

Type & height of fence _____

Do you have an outdoor kennel? _____ Size _____ Are your gates padlocked? _____

Are you willing to allow a volunteer to visit your home by appointment? _____

Does anyone in your household have any serious health problems? _____
If yes, please explain: _____

Does anyone in your household have allergies? _____ If yes, what kind? _____

Where will the dog be kept when you are not at home? _____

How many hours a day on average will the dog be alone? _____

When you are home, where will the dog be kept? _____

Where would the dog sleep? _____

Do you allow animals on your furniture? _____

Do you allow play time for your animals? _____

Do you leave a small child with a pet (new or old) when you are not in the room? _____

What kind of training collar do you use? _____

What kind of leash? _____

What would you correct your animal for -and how would you do it? _____

Do you agree to contact **Carole Rushing (Doberman Rescue of Rockdale, INC)** if for any reason you can no longer care for or keep the dog? _____

Provide the name, clinic name and phone number for your veterinarian: _____

Who do you consult if you animal is not eating? Has Diarrhea? Acts Lethargic or becomes irritable? Vomiting? _____

Do you know how to give your animal medications? _____

Has a dog or puppy died on your premises within the last 6 months of distemper, parvo, or unknown causes?

If yes, please give details: _____

Personal reference (name, phone#, relationship): _____

Vet reference (Office name, number, and how long you've been using this vet): _____

Anything else you would like us to know about you? _____

To make your fostering easier - please consult us for advice on any problems.

Please consult your Ga State licensed rescuer if any questions. Leave complete name and contact info.

Carole Rushing
Doberman Rescue of Rockdale, Inc
Non-profit No Kill - Ga State Licensed Rescue

(770) 929-1721
cruzmine@comcast.net

All of the information I have given above is true and complete. Any dog I may foster will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection and medical care.

I understand that Carole Rushing (Doberman Rescue of Rockdale, INC), or authorized agents are not responsible for the accuracy of information received about the temperament, habits and physical conditions of dogs available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to foster it. The Doberman Rescue of Rockdale, and any person associated with its adoption efforts, is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog into my household. I am in full agreement with these terms of fostering. By my initial I acknowledge that I have read and understand this paragraph.

We reserve the right to refuse an applicant for any reason. Initial _____

Applicant's signature: _____ Date: ____/____/____

Co. Applicant's Signature: _____ Date:

____/____/____