



Little Big Dog Rescue

Monterey, VA www.littlebigdog.org (540) 468-2945

FOSTER APPLICATION

Dog's Name: _____

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address (Please write clearly): _____

Place of Employment: _____

HOUSEHOLD INFORMATION

Type of Housing (Circle One): Single Family Home Apartment Townhome Dorm Farm Mobile Home
Other _____ Rent/Own? _____

Landlord's Name and Phone Number: _____

How long have you lived at this current address? _____

Why are you choosing to foster from Little Big Dog Rescue? _____

Have you fostered with Little Big Dog Rescue before? Y/N If yes, where is pet now? _____

How did you hear about us? (Circle One): Newspaper Facebook Petfinder Friend/Relative Off-Site (PetSmart, Petco, Vet Office)

CURRENT PET INFORMATION

Animal Type Cat/Dog/Other	Breed / Name	Age	Gender M/F	Altered Spayed / Neutered Y/N	How long have you owned the animal?	Kept Inside/Outside/ Both?	Up-to-date on vaccines?

Veterinarian Information: _____

Please describe your household: (Circle One) Active Noisy Quiet Average Busy Other? _____

Please list the names and ages of ALL people living in the home and their relationship to you (spouse, partner, roommate, daughter, etc.) Failure to fully disclose this information will result in immediate foster denial.

Name and age: _____	Relationship: _____
Name and age: _____	Relationship: _____
Name and age: _____	Relationship: _____
Name and age: _____	Relationship: _____
Name and age: _____	Relationship: _____

Do children (other than immediate family) ever visit your home? Yes/No If so, how often? _____

Age(s) of the children? _____

Does anyone in the household have allergies to any kind of animals? Yes/No

Is anyone in your family allergic to pets? Yes, dogs & cats Yes, cats only Yes, dogs only No

Has anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? _____

FOSTER DOG

*****Please understand that it may take a new dog 2 weeks or more to adjust to a new home and/or to other pets and visitors*****

Who will be responsible for the care of this animal? _____

Where will this animal stay during the day? _____ At night? _____

How will you ensure this animal will not escape in your care? _____

If this animal is not altered, how will you prevent this pet from becoming pregnant or impregnating a female while in your care? _____

REFERENCES

Please provide 3 references to whom you are not related:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please read and initial each of the following:

I have never been convicted of animal cruelty, neglect, and/or abandonment.

I certify that the information I have provided in this application is true and correct; I authorize verification of all statements presented in this application; and I am at least 18 years of age.

Signature

Printed Name

Date