



# Parkland Humane SOCIETY INC.

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[www.parklandhumanesociety.com](http://www.parklandhumanesociety.com)

## FOSTER HOME APPLICATION FORM - Dogs

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<b>Name</b>	
<b>Address</b>	
<b>Email Address</b>	
<b>Phone Number</b>	

**Vet Clinic Information:** \_\_\_\_\_

PLEASE INDICATE THE NUMBER OF CHILDREN AND ADULTS LIVING IN YOUR HOME:

\_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN (SCHOOL AGED) \_\_\_\_\_ CHILDREN (PRE-SCHOOL) \_\_\_\_\_ INFANTS (>1 YEAR)

PLEASE INDICATE THE SPECIES, BREED, GENDER AND AGE OF ALL PETS IN THE HOUSEHOLD: PLEASE INDICATE YOUR EXPERIENCE LEVEL AND

PARTICULAR BREEDS YOU ARE FAMILIAR WITH:

PLEASE INDICATE THE AGES YOU ARE WILLING TO FOSTER:

\_\_\_\_\_ PUPPY (UNDER 1 YEAR OF AGE)

\_\_\_\_\_ YOUNG ADULT (2-3 YEARS OF AGE)

ADULTS (3-6 YEARS OF AGE)

OLDER/SENIOR DOGS (6+ YEARS OF AGE)

**PLEASE INDICATE THE SIZES YOU ARE WILLING TO FOSTER**

SMALL (UNDER 30LBS)

MEDIUM (30LBS - 60LBS)

LARGE (60LBS - 80LBS)

EXTRA LARGE (80LBS+)

**WHY ARE YOU INTERESTED IN FOSTERING FOR THE RESCUE?**

**PLEASE INDICATE THE ISSUES YOU ARE WILLING TO WORK WITH:**

I AM WILLING TO WORK WITH HOUSEBREAKING ISSUES

I AM WILLING TO WORK WITH DOGS WHO NEED KENNEL/CRATE TRAINING

I AM WILLING TO WORK WITH DOGS WHO NEED OBEDIENCE TRAINING

I AM WILLING TO WORK WITH DOGS WHO HAVE FEAR ISSUES

I AM WILLING TO WORK WITH DOGS WHO HAVE AGGRESSION ISSUES

I AM WILLING TO WORK WITH DOGS WHO HAVE HEALTH ISSUES

I AM WILLING TO WORK WITH SPECIAL NEEDS DOGS (BLIND, DEAF, ETC.)

**PLEASE INDICATE YOUR EXPERIENCE LEVEL WITH DOGS:**

**PLEASE TELL US MORE ABOUT YOUR HOUSEHOLD:**

**WHAT HOURS DO YOU WORK?**

UNDERSTANDING THE RESCUE WILL DO THEIR BEST TO ACCOMMODATE TIMES THAT SUIT YOU - ARE YOU WILLING  
AND ABLE TO DRIVE THE DOG TO A VET CLINIC AS REQUESTED BY THE RESCUE? \_\_\_\_\_

I am interested in fostering a dog for the Parkland Humane Society Inc. (PHSI) and agree the information provided on this form is accurate. I understand this information will be kept on file with the PHSI and consent to the PHSI maintaining records of this personal information. In signing below, I also authorize the PHSI to contact my family veterinarian.

Foster Parent's Signature

PHSI representative

Date

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