

**NORTH AMERICAN DUTCH SHEPHERD RESCUE
Foster Application**

Your Information

Name: _____

Spouse/Partners Name: _____

Email Address: _____

Home Phone: _____ Wk Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

About Your Residence (please circle one) *Own* *Rent*

You live in a: *House* *Duplex* *Condo* *Apartment* *Mobile Home* *Other*

If Other, please explain: _____

How Long: *Less than 1 year* *2-3 years* *More than 3 years*

If you rent, does your landlord allow pets? *Yes* *No* *N/A*

Will you provide us proof pets are allowed & that a deposit is made? *Yes* *No* *N/A*

Employment

Applicant's Employer: _____

Please circle one: *Full Time* *Part Time* *Self Employed* *Student*

How Long with Current Employer: _____ Employer Phone #: _____

Spouse/Partner's Employer: _____

Please circle one: *Full Time* *Part Time* *Self Employed* *Student*

How Long with Current Employer: _____ Employer Phone #: _____

Personal References (Known to you for more than 2 years and not related to you)

Ref # 1 Name: _____

Address: _____

Home Phone: _____ Alt Phone: _____

Ref # 2 Name: _____

Address: _____

Home Phone: _____ Alt Phone: _____

Veterinary Reference

Name of Clinic: _____

Name of Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt Phone: _____

Do you give us permission to contact your vet? (please circle one) *Yes No*

If so, please sign here giving permission to contact vet: _____

Please Provide Us With Information About The Dog You Would Like To Foster:

Preferences: (please circle one)

Gender: *No Preference Male Female*

Age: *No Preference Under 1 year 1-2 years 2-3 years 4-5 years Senior*

Energy Level: *Calm/laid back Energetic/Active Somewhere In-between Doesn't Matter*

Have you ever owned a DS before: *Yes No*

Where will the dog be kept during the day? *Outside Inside Both Other*

If Other, please describe: _____

Where will the dog sleep? *Outside Inside Both Other*

If Other, please describe: _____

Are you familiar with crates and their use? *Yes No*

Are you willing to use a crate? *Yes No*

If the dog you foster will be crated, up to how many hours per day? _____

Are you willing to take the dog to the vet if the need arises? *Yes No*

Is your yard fenced? *Yes No* How tall is your fence? *No Fence 4' 5' 6'*

What type of fence? *Chain Link Wooden Iron Welded Wire Other*

If Other, please describe: _____

Please Provide Us With Information About the Pets You Have Past & Present

Pet #1: (please circle one)

What kind of pet: *None Dog Cat Other*

If Other, please describe: _____

Name: _____ Age: _____

Where is the pet kept? *Inside Outside Both N/A*

Do you still have this pet? *Yes No Deceased N/A*

If No, please describe: _____

If Deceased, how long ago? _____ How old did it live to be? _____

How did it die? _____

Pet #2: (please circle one)

What kind of pet: *None Dog Cat Other*

If Other, please describe: _____

Name: _____ Age: _____

Where is the pet kept? *Inside Outside Both N/A*

Do you still have this pet? *Yes No Deceased N/A*

If No, please describe: _____

If Deceased, how long ago? _____ How old did it live to be? _____

How did it die? _____

Do you still have this pet? If Deceased, How Long ago? How did it die?

Pet #3: (please circle one)

What kind of pet: *None Dog Cat Other*

If Other, please describe: _____

Name: _____ Age: _____

Where is the pet kept? *Inside Outside Both N/A*

Do you still have this pet? *Yes No Deceased N/A*

If No, please describe: _____

If Deceased, how long ago? _____ How old did it live to be? _____

How did it die? _____

Pet #4: (please circle one)

What kind of pet: *None Dog Cat Other*

If Other, please describe: _____

Name: _____ Age: _____

Where is the pet kept? *Inside Outside Both N/A*

Do you still have this pet? *Yes No Deceased N/A*

If No, please describe: _____

If Deceased, how long ago? _____ How old did it live to be? _____

How did it die? _____

Are there any other Dogs living in your home or may be on your veterinary records that you have not listed? *Yes No* Names: _____

Cats (please circle one)

Do you own a Cat? *Yes No N/A*

If Yes, how many? _____ Is the cat accustomed to being around dogs? *Yes No*

Health (please circle one)

Are you familiar with heartworm disease and its devastating effect? *Yes No*

What brand of Heartworm Preventative do you currently used or have you used in the past?

All of my past and current pets have been kept up to date on their annual shots, have been consistently on Heartworm Preventative and are SPAYED or NEUTERED. *Yes No*

If No, please explain: _____

Please Tell Us About Your Family

Number of Adults in Household: _____ Number of Children in Household: _____

What are the ages of the children: _____

The Home Visit (please circle one)

A home visit will be scheduled after vet reference approval.

What day of the week is best for you? *Weekend* *Weekday* *Either*

What time is best for you? *AM* *PM* *Either*

Additional Information (please circle one)

How did you hear about NADSR? *Our Website* *NADSR Volunteer* *Friend*

Internet *Petfinders.com* *Yahoogroups discussion list* *Other*

If Yahoogroups, which one: _____

If Other, please describe: _____

How soon will/could you be ready to foster: *Immediately* *1 Month* *3 Months*

Do you have any questions or comments you would like to share with us? *Yes* *No*

THANK YOU so very much for wanting to help! You've just been a part of saving another Dutch Shepherd's LIFE!

Please send completed form to:

Trudy Donais
PO Box 1255
Jamestown, CA 95327
Or Fax 209-532-8576