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Foster Application

- ❖ *Thank you for your interest in fostering a homeless dog who needs a temporary, loving home while our rescue group members work to find them a forever home.*
 - ❖ *Foster homes are very much needed! PLP has very limited foster resources and often must turn away animals in need because of a lack of foster homes.*
 - ❖ *If you would like to provide a foster home for a homeless dog, please fill out this application and mail, fax or email it to PLP.*
 - ❖ *Once we receive your application, we will contact you to set up an interview and home visit. Please provide as much detail as you can. Thanks again!*
-

Date of Application _____

Applicant Name _____ Age _____

Co-Applicant Name _____ Age _____

Relationship to Co-Applicant _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

How long at this address? _____

Please list all other people residing in your home:

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

Applicant Employer _____ How Long? _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Co-Applicant Employer _____ How Long? _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

What type of dog would you like to foster? **Please be specific** (i.e. puppy, adult dog, senior dog, small dog, large dog, specific breed, one or more than one, etc.)

Why do you want to foster a dog?

Has everyone in the home agreed to foster a dog? ☐ Yes ☐ No

Is this your first dog? ☐ Yes ☐ No Do you have other pets? ☐ Yes ☐ No

Please list all other pets below:

| Species | Breed | Age | Spayed or Neutered |
|---------|-------|-----|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***All pets in the home are required to be spayed or neutered before we will consider you for fostering.**

Are your current household pets up to date on all of their vaccinations? ☐ Yes ☐ No

If No, please explain _____

Have you recently had a dog or puppy with Distemper, Parvo or Coronavirus? ☐ Yes ☐ No

If yes, please explain _____

Do your existing pets get along with other dogs? ☐ Yes ☐ No

If no, please explain _____

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Does anyone in your home have allergies to animals? ☐ Yes ☐ No
Does anyone in your home smoke? ☐ Yes ☐ No
Who will be the main caregiver? _____
How many hours will the foster dog be alone during the day? _____
Where will you keep the foster dog while you are at work or running errands? _____

What is your family's activity level?

☐ No Activity (couch potatoes) ☐ Mild Activity ☐ Regular Activity ☐ We are always active!

Will you include the foster dog on family outings and activities? ☐ Yes ☐ No

How do you discipline your animals? _____

Describe how you would handle a "potty" accident. _____

Do you think hitting an animal is acceptable? ☐ Yes ☐ No

If Yes, under what circumstances? _____

Do you plan on crate training? ☐ Yes ☐ No

Have you ever crate trained before? ☐ Yes ☐ No

Will the foster dog be allowed in the entire house? ☐ Yes ☐ No

Where will the foster dog sleep? _____

Will the foster dog ever be kept in a basement, garage, outside, in an outside kennel or on a chain or other lead without supervision? ☐ Yes ☐ No

If yes, please explain _____

Have you ever had a pet die or be injured? ☐ Yes ☐ No

How old was it? _____

What happened to them? _____

Have you ever sold, surrendered an animal to a shelter or given an animal away?

☐ Yes ☐ No If yes, why?

Have you ever lost a dog or had to reclaim a dog from a shelter? ☐ Yes ☐ No

What type of home do you live in? ☐ single family ☐ condo ☐ apartment ☐ other

Do you ☐ rent or ☐ own?

NOTE: If you rent we will need a written note from your land lord approving a dog, contact information for your landlord, a copy of lease, and additional information if requested.

Do you have a fenced yard? ☐ Yes ☐ No

Fence Type _____ Height _____

Are you willing to abide by and ensure that the dog in which you adopt will always be on a leash and supervised unless inside an enclosed fence area? ☐ Yes ☐ No

Veterinarian:

Clinic Name: _____

Vet Name: _____

Vet Address: _____ Phone Number: _____

Please list two personal references:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Are you willing to allow a home visit? ☐ Yes ☐ No

Please list here if you are interested in fostering a specific dog, or breed, sex, age, etc. _____

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

*Please email your application to me at lauriey@plittieslovepeace.com or mail it to the above address.