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FOSTER / ADOPTION APPLICATION

Mail to Dogs Forever, 809 Rockford Rd SW, Cedar Rapids, IA 52404

or scan and email to adoption@dogsforever.org

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| --- | --- |
| Today’s Date: |  |
| I wish to… | \_\_\_Adopt \_\_\_ Foster |
| Which dog are you interested in?  If you are applying to foster any dog, please write "Any" |  |
| Have you met the dog you are interested in? | \_\_\_Yes \_\_\_ No \_\_\_ N/A |
| How did you hear about the dog you are interested in? (e.g. Facebook, Petfinder) |  |
| Are you open to meeting other dogs if this dog is no longer available or not a good match? | \_\_\_Yes \_\_\_ No \_\_\_ N/A |
| Are you aware that all our dogs are indoor dogs? | \_\_\_Yes \_\_\_ No |
| **PERSONAL** |  |
| First Name |  |
| Last Name |  |
| Date of birth (you must be 21+ years of age) |  |
| Address |  |
| City |  |
| State |  |
| Zip |  |
| Phone number(s) |  |
| Phone type(s) | \_\_\_Cell \_\_\_ Landline \_\_\_ Work |
| Email Address |  |
| Occupation |  |
| Employer |  |
| Who will be the dog’s primary caregiver? |  |
| Is anyone in your household allergic to pets? | \_\_\_Yes \_\_\_ No |
| List names, birthdates, and relationships of everyone else in your household. Note: We do background checks on all adults in the household so dates of birth are imperative. |  |
| **RESIDENCE** |  |
| Type of residence:  House, Condo, Apartment, Mobile Home, or Other  (if Other, please describe) |  |
| Do you own or rent? | \_\_\_Own \_\_\_Rent |
| If rent, provide landlord’s contact info: |  |
| If rent, is there a weight/size restriction? | \_\_\_Yes \_\_\_ No |
| Do you have a fenced yard? If yes, please describe  (Note: homes with electric/underground fences will not be considered) | \_\_\_Yes \_\_\_ No |
| If your yard is NOT bounded by a fence, how do you plan to keep the dog safe while outdoors? |  |
| Are you willing to have a Dogs Forever representative do a home visit? (Note: a video or photo visit can be arranged during a pandemic) | \_\_\_Yes \_\_\_ No |
| **PET HISTORY** |  |
| Have you ever adopted/fostered a shelter animal before? | \_\_\_Yes \_\_\_ No |
| Do you currently have any pets in your home? | \_\_\_Yes \_\_\_ No |
| If yes, please describe (name, age, breed, gender) |  |
| If you have other dogs, where do they stay? | \_\_\_Indoors \_\_\_Outdoors (Kennel/Yard) |
| If you have cats in your home, are they declawed? | \_\_\_Yes \_\_\_ No |
| If you have cats, please describe (name, age and gender) |  |
| If you have pets, are all spayed/neutered and current on vaccinations? | \_\_\_Yes \_\_\_ No |
| If you ever surrendered an animal to a shelter or re-homed any animal that you have owned, please explain the circumstances. |  |
| List any pets you have had in the past 10 years that you have not already listed above (name, breed): |  |
| **DOG INFO** |  |
| What you are looking for in a dog? |  |
| Do you have a kennel for the dog? | \_\_\_Yes \_\_\_ No |
| Have you ever kennel-trained a dog before? | \_\_\_Yes \_\_\_ No |
| Are you willing to train a dog if necessary? | \_\_\_Yes \_\_\_ No |
| Where will the dog be kept during the day? |  |
| Where will the dog be kept at night? |  |
| Will anyone be home during the day or come home for lunch? | \_\_\_Yes \_\_\_ No |
| What is the longest the dog would be alone during a typical 24-hour period? |  |
| What brand of food would you feed the dog? |  |
| Are you prepared to pay for the health of your dog by keeping all shots up to date and routinely visiting the vet? | \_\_\_Yes \_\_\_ No |
| How do you plan to give the dog daily exercise? |  |
| Dogs transitioning to a new home may have an adjustment period that could mean accidents, chewing or other behaviors. How would you handle this? |  |
| (Optional) Additional information you think would be helpful for us to know: |  |
| **TWO PERSONAL (NON-FAMILY) REFERENCES** |  |
| 1) Name:  Non-family relationship:  Phone: |  |
| 2) Name:  Non-family relationship:  Phone: |  |
| **VETERINARY REFERENCE** |  |
| Name and phone of veterinarian |  |
| **FOR FOSTERS ONLY** |  |
| Are you willing to have a Dogs Forever representative visit your home before or during the fostering period? | \_\_\_Yes \_\_\_ No |
| Are you willing to go to a Dogs Forever-approved veterinarian? | \_\_\_Yes \_\_\_ No |
| Are you willing to care for a senior or special needs dog? | \_\_\_Yes \_\_\_ No |
| **CONSENT / RELEASE** |  |
| I certify all the information provided on this application is true and complete to the best of my knowledge. I understand the Dogs Forever is not obligated to accept me as an adopter/foster. Dogs Forever reserves the right to deny an application for any reason. I hereby do waive, release, and forever discharge Dogs Forever, its volunteers, agents, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my role as an adopter/foster. | |
|  | Signature: |
| **-------- FOR OFFICIAL USE ONLY -------** | License #10317 |
| Date Received: Date Contacted: | DF Rep: Rev 04/24/22 |