



FOSTER APPLICATION

Thank you for your interest in fostering a senior dog. If you are interested in fostering one of our senior dogs, please complete the application below. You can complete the application on your computer, save and submit it via email. To do so, you will need Adobe Reader XI which can be downloaded for free. Alternatively, you can print and scan or mail the application to us.

Senior Dog Haven & Hospice, Inc.

P.O. Box 1441

Wilmington, DE 19899

info@SeniorDogHaven.org

Date _____
 Dog's Name (if known) _____
 Dog's ID # (if known) _____

1. Name _____
 Date of Birth _____

2. Spouse/Partner _____
 Date of Birth _____

3. Address _____
 City _____ State _____ Zip _____

4. Phone: home _____
 cell _____
 alt cell _____
 work _____

5. Email address _____
 Alternate email address _____

6. Preferred method of contact _____

7. Employer _____
 Occupation _____

8. Spouse/Partner's Employer _____
 Spouse/Partner's Occupation _____

9. Living arrangements
 If renting or living with parents, written approval is required
 Landlord/Parent _____ Phone _____

10. How long have you lived at the above residence? _____

11. Do you have homeowner's insurance? Yes No

12. Please provide name of carrier _____

13. Does your policy have restrictions on the types of dogs you may have at your residence? Yes No

14. Are there county/town restrictions on breeds? Yes No

15. Do you have health insurance? Yes No

16. If yes, name of carrier _____

17. Is anyone in your family allergic to animals? Yes No

18. Does everyone in your family agree to fostering a pet? Yes No

19. Who will be the primary caretaker? _____

20. How many hours a day will the dog be left alone? _____

21. Where will the dog be kept while you are not at home? _____

22. Will he/she have access to outside while you are away? _____

23. Where will he/she sleep at night? _____

24. What do you consider a reasonable adjustment period for your dog to become acclimated to his new home? _____

25. If yes, please explain _____

26. Please list the names and ages of others living at your residence

Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

27. Have you or anyone in your household ever been accused or convicted of a felony? _____

28. Do children visit your home? _____

29. Please describe the activity level in your home _____

30. Will you take the dog on daily walks? _____

31. Do you have a completely fenced yard? _____

Type and height of fence _____

32. How long have you been thinking about fostering? _____

33. What characteristics are you looking for in a dog? _____

34. What do you require from your dog? _____

For example, good with cats, housetrained, etc. _____

35. Why are you interested in a senior dog? _____

36. Who will care for your pet if you are out of town? _____

37. What will you feed the dog and how often? _____

38. Please list current pets in your home

Name	Breed	Age	Sex	Years Owned	Spayed/Neutered?
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39. Are your current pets up-to-date on shots? Yes No

If not, please explain _____

40. Name of Veterinarian _____

41. Veterinarian's Phone No. _____

42. First and last name records are under _____

Please provide two personal references (non-family)

Name	_____	Relationship	_____
Phone	_____		
Name	_____	Relationship	_____
Phone	_____		

43. Please list any previous pets

Name	Breed	Age	Sex	Years Owned	Why you no longer have
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44. Please answer yes or no to the following:

- I agree to get prior authorization for non-emergency vet visits.
- I understand that I must use Pike Creek Animal Hospital, unless in an emergency.
- I agree to provide daily medications and supplements, if necessary.
- I understand that if for any reason I find myself unable to care for this dog,
I am to notify Senior Dog Haven & Hospice and make arrangements to return him/her.
- I understand that this dog is not to be rehomed or surrendered to another shelter or rescue.
- I agree to never leave the dog tethered outside under any circumstances.
- I agree to a home visit.
- I agree to being contacted by Senior Dog Haven & Hospice in order to provide updates on how the dog
is doing.
- I understand that if more than one application is received on this dog, Senior Dog Haven & Hospice
will review each application and placement will NOT be based on the date of the application,
but rather on the best possible match for the dog.

I/we give permission for Senior Dog Haven & Hospice to contact my veterinarian in order to obtain the information necessary to process this application, including my pets' medical records. I/we also give permission to contact the landlord/parent and references listed on this application. I/we understand that Senior Dog Haven and Hospice will decide which home is best for the dog and may suggest another dog other than the one I am applying for. I/we also understand that Senior Dog Haven and Hospice may deny my application for any reason.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Thank you for your interest in fostering for Senior Dog Haven & Hospice