



FOSTER CAREGIVER CANINE APPLICATION

The information provided in completing this profile will enable OPHS to find the most satisfying foster animal and experiences for you. Please be sure to complete all sections of the profile thoroughly and as honestly as possible.

DATE:

1. Name: _____ Phone#: Home _____ Cell _____

Physical Address: _____
Street City State Zip

Email Address _____

Do you live in a: House Apartment Mobile Home
 Condo Duplex With Parent/Relative Other _____

2. Do you: OWN RENT †

†
3. Landlord Name: _____ Phone: _____

4. How many adults are in your home? _____ Children? _____

5. Ages of children: _____

6. Are all household members familiar with dogs? _____ Yes _____ No

7. Does anyone in your home have allergies to dogs? _____ Yes _____ No

8. Please list the following information about pets currently living in your home:

Type of Animal? Altered Y/N? Date last Vaccinated? Age ?

1. _____

2. _____

3. _____

4. _____

5. _____

9. What previous foster animal experience do you have? _____

10. Have you had any pets die or become lost in the past year? _____ Yes _____ No

If yes, please explain: _____

11. How many hours per day will the foster dog/puppy be left alone? _____

12. Who will be the primary caretaker for the foster dog/puppy? _____

13. Is there anyone who will assist you in caring for the foster dog/puppy? _____

14. How would your pet(s) interact with a foster dog/puppy? _____

15. Where will the foster dog/puppy be kept during the day? _____ Night? _____

16. Do you have a fenced yard? ____ Yes ____ No If yes, how high is the fence? _____

What type of fence? _____

If no, how will you confine the foster dog/puppy to your property? _____

If no, how will you exercise the foster dog/puppy? _____

17. Do you have an indoor area to confine the foster dog/puppy (spare room, crate, laundry room, etc.)? _____ Yes _____ No

18. How would you feel about a decision that an dog/puppy you are fostering or had fostered, needs to be euthanized due to untreatable health or temperament problems? _____

19. Have you considered the negative aspects of fostering, such as:

Cleaning up after puppies? _____ Yes _____ No

Destructive behavior such as chewing, mouthing, and/or scratching? _____ Yes _____ No

Excessive barking _____ Yes _____ No

Timid and fearful animals that may bite _____ Yes _____ No

Sleepless nights or interrupted sleep? _____ Yes _____ No

20. Do you understand that housetraining a dog/puppy may take several days or weeks?

_____ Yes _____ No

21. Are you able to care for an injured or sick dog/puppy on a temporary basis? _____ Yes _____ No

22. Are you able to administer medicine to a dog/puppy if necessary? _____ Yes _____ No

23. Are you willing to care for a dog/puppy that has been recently spayed or neutered?

_____ Yes _____ No

24. Are you able to transport the foster dog/puppy to a designated veterinary clinic for care?

____ Yes ____ No

To the shelter or other designated area for adoption? _____ Yes _____ No

25. Please check the type(s) of dog(s) you wish to foster:

____ puppy ____ adult ____ senior ____ mother & litter ____ weaned litter ____ orphaned litter

Sex: ____ male ____ female

Size: ____ under 15 lbs ____ 15 – 35 lbs ____ 35 – 55 lbs ____ 55 – 75 lbs ____ over 75 lbs

26. How long are you willing to foster a dog(s)?

____ 1 - 7 days ____ 1 – 4 weeks ____ as long as it takes to find a permanent home

27. Do you understand that fostering is a temporary situation until a dog/puppy has found its permanent home? _____ Yes _____ No

28. I authorize OPHS to contact the following references:

Veterinarian: _____ Phone _____

Personal reference (non-related): _____ Phone _____

I am aware that animal(s) that I am fostering are still property of the Olympic Peninsula Humane Society and any and all potential adoptions of said animal have to be approved through the Humane Society and proper paperwork must be filled out by shelter staff. I will not and cannot place an animal in my care into a home that is not approved by staff at the Humane Society. _____ Initial

I confirm that all information supplied on this profile is true and correct. I understand that a brief home visit maybe required before participation in the foster program can be approved. I also understand that training and support can be provided to me upon request.

I understand that all veterinary care must be pre-approved by the OPHS Shelter Manager or Executive Director.

SIGNATURE: _____ **DATE:** _____

Please email your application to: info@ophumanesociety.org AND place the words FOSTER in the subject line.

Or mail your application to:

1743 Old Olympic Highway, Port Angeles 98362 or send your application to:

PO Box 3124

Port Angeles, WA 98382

Thank you for your interest in joining our Foster Care Program!