



K-9 New Life Foster Home Application

This questionnaire was designed to help us evaluate potential foster homes.
Dog fostering can place a physical and mental strain on a household.
We want to ensure that your family is prepared. Thank you for your interest!

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Type of dog you are interested in fostering: _____

Do you have any special needs with the dog you foster? _____

Veterinarian's Name: _____ Veterinarian's Phone Number: _____

Number of children living in the house: _____ Age(s): _____ Do they live with you full time? Y / N

Do you consider the location of your home to be: Suburban _____ Rural _____ Urban _____

Do you live in a: House _____ Apartment _____ Townhouse _____ Condominium _____ Other _____

Do you: Own _____ Rent _____ If you rent, you MUST provide proof that you are allowed to have dogs.

Landlord's Name & Phone Number: _____

Would you describe the activity level in your home as: Active _____ Moderate _____ Quiet _____

Do you have a fenced in yard? Y / N If yes, what type/height of fence do you have? _____

If fenced, how many gates do you have? _____ How are they secured? _____

Why do you want to foster a dog? _____

Most rescue dogs have been thrown away & may have behavioral and/or emotional issues. Are you prepared to deal with these possible issues? _____

Will the animal be kept: Indoors _____ Outdoors _____ Equally Indoors & Outdoors _____ Tied Outside _____

How long will the animal be left alone during the day? _____

When the animal is home alone, will they be: Allowed to run loose _____ Confined in a room _____
Crate Trained _____ Outside _____

Are you willing to train the foster dog with basic obedience commands? _____

Are you able to have the dogs available at reasonable times to be shown to potential adopters? _____

Are you willing to keep the dog bathed & clean? _____

For what types of behavior problems would you stop fostering a dog: Excessive barking _____ Chewing _____

Housebreaking issues _____ Shedding _____ Digging _____ Does not get along with other animals _____

Other _____ None, I would not return the dog; I would try to correct the problem(s) _____

Please list all animals that you **presently** own (other than fish, rodents & reptiles), including type of animal/breed, gender, age, time owned, neutered/spayed, vaccinated, on heartworm preventative?

If at any time you can no longer foster the animal, it **MUST** be returned to K-9 New Life. You are responsible for the care of the foster dog. That includes, but is not limited to: bathing; walking; feeding; monitoring their health; if they need vet care, contacting K-9 New Life; submitting periodical updates on the dog; completing the required evaluation form & returning it to K-9 New Life; reasonably being available to show the dog to potential adopters & transporting to various periodical adoption events; and, of course, providing the dog with love, care & companionship while they wait for their new homes.

By signing below, I acknowledge that I have completely read this questionnaire, comprehend it fully, know that applying does not ensure approval & untruthful answers or failure to comply with the requirements of this application may result in the immediate forfeiture of any K-9 New Life dog fostered by me.

Signature: _____ Date: _____

Reviewed By: _____

I certify that I have never been convicted of animal cruelty, animal neglect, animal abuse, or animal abandonment.

Signature: _____ Date: _____

Please return this form to K-9 New Life:

K-9 New Life
264 Huntsman Rd
Norfolk, VA 23502
(757) 721-BARK
adoptions@k9newlife.org