

**MYSTERY DOG RESCUE**  
**PO Box 6286, San Antonio, TX 78209**  
**(210) 551-8262**

**FOSTER APPLICATION**

Thank you for your interest in fostering a rescued animal! Before you decide to foster a pet, please consider the time and effort necessary to properly maintain an animal. Responsible pet fostering requires a commitment to provide care and companionship for the animal while in your care. In order to ensure the health and safety of your family, and that of the rescued animal, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application.

**Date:** \_\_\_\_\_

What type of animal are you interested in fostering? (Check all that apply)			
<input type="checkbox"/> Dog (Adult)	<input type="checkbox"/> Cat (Adult)	<input type="checkbox"/> Bottle Feeding (under 8 weeks)	
<input type="checkbox"/> Puppy (over 8 weeks)	<input type="checkbox"/> Kitten (over 8 weeks)		
Gender Preference:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference
If fostering a <b>dog</b> , what size(s) are you interested in?			
<input type="checkbox"/> Small (5-25lbs)	<input type="checkbox"/> Medium (25-50lbs)	<input type="checkbox"/> Large (50-80lbs)	<input type="checkbox"/> X-Large (80lbs or more)

**PLEASE PRINT LEGIBLY**

Name of Foster:		
Drivers License #:		Date of Birth:
Home address:		Unit #:
City:	State:	Zip:
Home phone:	Cell phone:	
Work phone:	Email:	

**HOUSEHOLD INFORMATION:**

Do you live in: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other _____		
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Live with parents <input type="checkbox"/> Military Housing <input type="checkbox"/> Other		
Are you Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Apartment or Landlord's Name:		Phone #:
How long have you lived at your current address? _____ Are you planning to move within the next 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of housing will you be moving to? _____		
Ages of children in home: _____		Do grandchildren visit often? <input type="checkbox"/> Yes <input type="checkbox"/> No
The noise/activity level in my home is usually: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Does anyone in your household have any allergies to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how high is your fence? _____ Type of fence? _____		
Will you use a leash when you have your foster puppy/dog outside? (not in your backyard) <input type="checkbox"/> Yes <input type="checkbox"/> No		
My foster puppy/dog shall live:		
<input type="checkbox"/> Inside only, let out to eliminate and play.	<input type="checkbox"/> Inside during the day, outside at night	
<input type="checkbox"/> Inside or outside as my foster desires	<input type="checkbox"/> Outside during the day, inside at night	
<input type="checkbox"/> Outside and in the garage only	<input type="checkbox"/> Outside only	<input type="checkbox"/> Other: _____
<b>*Please note, that all foster cats must remain indoors at all times.</b>		

How will you keep your foster puppy/dog confined to your property? (Check all that apply)

In the house     Garage     Loose in yard     Loose in fenced yard     Laundry room     Kennel

Screened porch/patio     Tied on cable – Run     Tied with rope/chain     Other: \_\_\_\_\_

What percent of the time will your foster puppy/dog be inside? \_\_\_\_\_ Outside? \_\_\_\_\_

Where will your foster puppy/dog sleep when you take him/her home? \_\_\_\_\_ Do you have an available crate, if needed? \_\_\_\_\_

When outdoors, what kind of protection will your foster pet have from the weather? \_\_\_\_\_

Are you willing to work on housebreaking your foster puppy/dog? \_\_\_\_\_

Are you willing to work with your foster puppy/dog to learn basic commands (sit, off/down)? \_\_\_\_\_

**ANIMAL CARE INFORMATION:**

Who will be primarily responsible for the care of your foster pet? \_\_\_\_\_

How many hours per day will your foster pet be without human contact? \_\_\_\_\_

Where will the foster pet be kept when no one is home? \_\_\_\_\_

Where will this pet sleep at night? \_\_\_\_\_

Under what circumstances would you **not** be willing to foster this pet? \_\_\_\_\_

DO YOU CURRENTLY HAVE PETS IN YOUR HOUSEHOLD?     Yes     No

If yes, please list below current pets in your household:

Cat or Dog	Breed of Pet	Age	M / F	Spayed / Neutered	Does the pet get along with:			Current on Vaccinations?	Indoors or Outdoors
					Dogs	Cats	Children		
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs	Cats	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs	Cats	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs	Cats	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs	Cats	Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Where did you last have your pet vaccinated? \_\_\_\_\_

Veterinarian's phone: \_\_\_\_\_ When was your pet's last visit to the vet's office? \_\_\_\_\_

I certify that all statements and answers to the questions on this application are true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied the ability to foster an animal or, if an animal has been put in my care, the return of that animal to Mystery Dog Rescue.

Foster Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section for Mystery Dog Rescue use only

This foster has been:     Approved     Declined     More information needed:

If approved, have forms been reviewed with foster?     Foster Home Contract     Foster Expectations     Contact Information