# Representative/Foster Home Application

# Papillon Pals Rescue, Inc. A 501(c)(3) Organization Email: papillonpals@comcast.net

After completing this form please email to PPRI, using the email address listed above. Thank you.

Personal In	<u>formation</u>	,		
Name:				
Date of Birt	h:			
Address: C	ity / State / Zip:			
Email Addr	ess:			
Do you che	ck your email da	ily?		
Phones -	Home: Work: Cell:			
Driver's Lic	ense # w/ State:			
Do all the p	eople who live in	your house approve of	you fostering?	
Family Pet	<u>Info</u>			
Do you cur	rently have any p	ets?		
• •		eutered, weight, tempera ive at your home below:	ament.	
Dog/Cat & Name 1.	Breed	Spayed/Neutered (Y/N)	Indoor or Outdoor	Age & Weight
Temperamei	nt:			

2.

**Temperament:** 

3.

**Temperament:** 

If your current or previous pets are not spayed or neutered, please explain why.

If you have dogs, are they completely housetrained?

Do you keep all of your pets current on vaccinations?

Do you keep all your pets on Heartworm preventative? Which brand/where do you purchase?

Do you keep all your pets on flea/tick preventative? Which brand/where do you purchase?

Are pet licenses required in your city/county?

Do your pets carry a form of ID (collar tag, tattoo, or microchip)?

Have you ever lost a pet?

Do you belong to any animal rescue groups?

If so, which groups and what type of animals are rescued?

Do you foster animals for these groups?

In what area can you help Papillon Pals Rescue? (please place an X indicating your selection)

Transport Fundraising Shelter Pick Ups Solicit Funds

Home Visits Distribute Information Contact Area Shelters Donate Items for Sale

Fostering-indicate preference of dog size and type

Do you have any special skills or interests that you are willing to utilize to help the group? (i.e. vet, vet tech, animal therapy, trainer, nutrition, holistic remedies, lawyer, website designer, photographer, writer)

If you are willing to foster, what level of foster home are you comfortable providing? (please place an X indicating your selection)

Emergency (overnight)
Long Term (as long as it takes)
Short Term (up to one week)
Special needs (Old, need med, blind, deaf)

Any characteristics you would NOT want to deal with in a foster?

Have you had any experience with dogs that snap or bite?

What would you do if your foster dog snapped or bit?

Have you had any experience with extremely fearful or timid dogs?

Do you have any special training or experience in working with dogs?

Are you able to housetrain a dog? Briefly describe method used.

Are you able to administer medication in a timely manner? (please place an X indicating your selection)

Oral meds Injections

Have you ever owned a toy dog before?

Are you aware of all a toy dog's needs? (i.e., daily teeth brushing, routine bath and nail trim daily exercise)

Are you aware that some toy dogs are "barkers"?

Would this cause difficulty for you, your family, or your neighbors?

Are you aware that some toy dogs have house soiling or behavior issues and may require constant supervision such as staying on leash in the house to eliminate old behavior patterns?

Have you ever used positive reinforcement or clicker training?

Have you ever raised a puppy?

## **Employer**

Hours you are at work:

May we call you at work?

Is anyone home during the day?

Who and for how long?

If not, what hours would this dog be alone?

Where will a foster dog stay during the day, while you are at work or away from the house?

Who lives in your home? (all adul	ts and childre	en with ages)		
Please list their names and ages:				
Name	Age	\		
1.				
2.				
3.				
Do any children visit your home?				
If so, please list relationship, age,	, and frequen	cy:		
Please list their names and ages:				
Name	Age	Relationship	Frequency	
1.				
2.				
Do you live in a(please place an X	indicating your	selection)		
House Apartment				
Condo/Townhome				
Mobile Home				
Other (please explain)				
Do you own or rent?				
If renting, does the landlord	d allow pets?			
If you rent, please provide the name	and phone nu	mber of the property o	owner:	
Name	Phone Number			

**Residence Info** 

If so, what type of fence is it (wood, chain link, block wall, etc.)?

Do you have a securely fenced yard?

Is it escape-proof for a toy-size dog? (check areas along bottom of fence, at gate openings, and between spaces of wooden pickets/slats).

If your fence is not solid, how much space is between pickets or boards?

How high is the fence?

What are the approximate dimensions of the fenced yard area?

Is there a doggie door leading to the yard?

How long will you leave this dog outdoors unsupervised?

Does a door from your house open directly into the fenced yard?

If not, how will you exercise the dog outdoors safely?

Is the area where you live and your backyard safe from predators (birds of prey, foxes, coyotes, etc.) or can you stay with a dog while it is eliminating outside?

#### Lifestyle

(please place an X indicating your selection)

Busy household - visits by friends, in and out a lot, children, parties
Noisy - i.e., TV, stereo, machinery, tools, children playing, dogs barking
Moderately active household - i.e., normal comings and goings
Quiet Household - home most of the time, few guests, no children, quiet pets
Lots of children in the neighborhood
Live on busy street

### Pet Care & Housing Info

Do you intend to keep this dog primarily indoors or outdoors?

Will you use a crate for the dog?

Do you have a room with an easily cleaned flooring material (vinyl, tile) in which you can gate a foster dog when you leave the house?

What supplies do you have on hand for a foster dog: (please place an X indicating your selection)

Wire Crate Transporting Crate

Leash & Collar Brushes & comb Nail clippers

Exercise pen (how tall?)
Other (please specify)

What food do you feed your dogs?

Are you willing to follow our feeding recommendations?

Will you allow a home visit prior to approval as a foster home?

Will you help to screen and inte time comes?	erview perspectiv	re adopters for your foster dog when the
References		
Please provide the name and pho	ne number of your	current or previous veterinarian:
Name		Phone Number
members, who have visited your h	nome:	o personal references, not including family s Rescue will be contacting them.
Reference Name	Relationship	Phone Number
1.		
2.		
Is there anything else that you wo	uld like us to know	about you and/or your family?
dog will remain the property of puppies born to that dog will be ever, you feel you must remove be returned to Papillon Pals Re Pals Rescue, Inc. agrees in write The foster home system is not foster home has the right to ad Inc. after a foster period of no least the restriction of the system is not foster a foster period of no least the right to ad Inc. after a foster period of no least the right to ad Inc.	Papillon Pals Reset the property of the foster dog frescue, Inc. or its calling to an alternation prelude to adopopt the rescue wi	ption of your foster dog. However, the ith the approval of Papillon Pals Rescue,
against Papillon Pals Rescue, Inc.	in connection wit	im, lawsuit, or administrative proceeding th any damages that may be caused by a dog sing injury to myself, any other person, or any
Applicant Signature		Date
	mont if it is sort :	
ryping in your name on this docu	ment, ii it is sent v	ia email, constitutes a legal signature.
(Print your name here if you are maili	ng to PPRI)	