

# GUNNER'S RUN RESCUE FOSTER APPLICATION



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

1. Do you: Own Rent your home? (If leasing to own, please select "rent")
2. Do you currently live in a: House Apartment Condo Mobile Home  
Other: \_\_\_\_\_
3. If you rent (or lease to own) please list the name and phone # of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment or park manager:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

4. Are you a: permanent or seasonal resident?

5. What types of pets do you **currently** have in your household?

<u>Name</u>	<u>Dog/Cat?</u>	<u>Male/Female?</u>	<u>Spayed/Neutered?</u>	<u>When was last vaccination given?</u>	<u>How long owned?</u>
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6. What other animals have you owned in the past? \_\_\_\_\_

What happened to them? \_\_\_\_\_

7. Have you ever surrendered an animal to a shelter or animal control facility? Yes No

If yes, please describe the circumstances: \_\_\_\_\_

8. Who is your Veterinarian or Vet Clinic? \_\_\_\_\_

Phone # \_\_\_\_\_

9. How many adults live in household? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of children \_\_\_\_\_

10. Does anyone in your household have known allergies to animals? Yes No If yes, please explain: \_\_\_\_\_

### **Fostering Preferences**

Small dog: \_\_\_\_\_ Large dog: \_\_\_\_\_ Age Preferred: \_\_\_\_\_

Will you foster a previously abused animal? \_\_\_\_\_

Will you foster an animal that has medical problems? \_\_\_\_\_

Will you foster an animal known to have a biting problem? \_\_\_\_\_

Will you agree to bathe/groom a foster? \_\_\_\_\_

Other preferences for fostering \_\_\_\_\_

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### **Fostering Experience**

Have you ever fostered an animal before; what; for what group?

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### **Occupation**

If you do work outside the home, what hours do you work?

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Do you have the time to offer these needy animals the extra attention and love required for their adjustment prior to adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

Where will the animal be kept when you are not home?

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Do you have a fenced yard? If not please explain how you will let dog out to use the bathroom: \_\_\_\_\_

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How many hours a day do you anticipate the dog will be left alone? \_\_\_\_\_