



## Woof Love Rescue Foster Application Collingswood, NJ

Today's Date \_\_\_\_\_

Name(s) of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

1. How did you hear about our organization?

\_\_\_ Facebook      \_\_\_ Friend      \_\_\_ Website      \_\_\_ Adopt A Pet

\_\_\_ Petfinder      \_\_\_ WLR Event – which one? \_\_\_\_\_      \_\_\_ Other

2. Type of home? \_\_\_ Single family    \_\_\_ apartment/condo    \_\_\_ other

Do you have a fenced yard? \_\_\_\_\_ no    \_\_\_\_\_ yes

If yes, type? \_\_\_\_\_ chain    \_\_\_\_\_ wood    \_\_\_\_\_ vinyl    \_\_\_\_\_ Fence height? \_\_\_\_\_ ft.

3. Do you own or rent?  own  rent (If checked, please provide:

Landlord's name \_\_\_\_\_

Landlord's phone number ( ) \_\_\_\_\_

4. Why do you want to foster?

\_\_\_\_\_  
\_\_\_\_\_

5. Describe those pets you currently own:

Pet 1: Name \_\_\_\_\_ Type & Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Is the pet spayed or neutered?  yes  no

Any issues with aggression? (protectiveness, resource guarding, fights with other dogs, etc.)  yes  no Explain: \_\_\_\_\_

Pet 2: Name \_\_\_\_\_ Type & Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Is the pet spayed or neutered?  yes  no

Any issues with aggression (protectiveness, resource guarding, fights with other dogs, etc.)  yes  no Explain: \_\_\_\_\_

**(For additional pets, please use the space at the bottom of this application and check here. \_\_\_\_\_)**

6. List both current and past vets where your animal(s) received care:

Current: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Past: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Person's name that the pet(s) account is under: \_\_\_\_\_

7. Please provide two **non-family member** personal references:

Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

8. Have you fostered for or volunteered with another rescue organization(s)?

\_\_\_\_\_ no

\_\_\_\_\_ yes \*Which Rescue? \_\_\_\_\_

\*When did you foster? \_\_\_\_\_

\*How many animals did you foster? \_\_\_\_\_

9. Does any member of your household have any allergies to animals?

\_\_\_\_\_ no \_\_\_\_\_ yes, please explain \_\_\_\_\_

10. How many people live in your home? \_\_\_\_\_

Ages and genders: \_\_\_\_\_

11. Who would be primarily responsible for the feeding and caretaking of the foster dog(s)?

\_\_\_\_\_

12. Who would take care of the foster dog(s) in the absence of the primary caretaker? \_\_\_\_\_

13. Where in your home would the foster dog(s) be kept  
during the day? \_\_\_\_\_  
at night? \_\_\_\_\_

14. Please describe the work schedules of all adults living in the home. Please be sure to include the number of hours that adults are out of the home each day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have all adult family members or housemates agreed to fostering a dog?  
\_\_\_\_\_ no \_\_\_\_\_ yes

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (2<sup>nd</sup> adult, if applicable) \_\_\_\_\_

Printed Full Name(s) \_\_\_\_\_

\*Puppy playpen, crate, and food will be provided for use by all approved fosters. All medical needs will be provided to foster pups by Woof Love Rescue during entire foster period.