

# One Dog More!

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

## Foster Application

Thank you for considering fostering for One Dog More! People like you make it possible for us to continue saving dogs and cats from the perils of kill shelters and irresponsible humans. Don't hesitate to contact us with questions about this form or the fostering process.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ #: \_\_\_\_\_

Occupation: \_\_\_\_\_

# of Adults in household: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Pets: \_\_\_\_\_

Age group of primary caregiver for pet: >18 / 18-30 / 31-50 / 51-60 / 60+

Rent or Own: \_\_\_\_\_ if Rent, name and # for landlord: \_\_\_\_\_

Is there a specific animal you are interested in fostering? If so, which? \_\_\_\_\_

**Disclaimer:** By filling out this application I acknowledge that I will never allow pet(s) I am fostering on a terrace, balcony or deck while unattended. I understand that, as the foster home, I am responsible for the daily care of my foster dog, including; food, bath necessities, leashes, toys, bedding, collars and/or crates. I attest that I am financially capable of providing the above-mentioned necessities for the daily care of my foster pet. I understand that One Dog More! is responsible for all medical care, including routine and preventative care, as well as screening and placement for adoption of the pet into a permanent home.

I attest that the information entered into this application is true. Initials: \_\_\_\_\_

Please print and submit this form to:

**One Dog More!**  
**601 Oak Dr.**  
**Dover, DE 19904**

If you have any questions please call One Dog More at **302-632-6680**  
or email us at **onedogmorerescue@gmail.com**

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### Veterinarian Contact Information

Please understand that your vet may require you to give us permission to speak with them, and will require prior notification. If you do not have a current vet, please indicate where you intend to start taking your new pet should your application be accepted.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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### References

Please list the name and phone number of three personal references. Do not include family members that live with you.

- 1.
- 2.
- 3.

Please list all persons in your household, including ages. If more than three, please continue list on back of sheet.

- 1.
- 2.
- 3.

Do you prefer a male or female animal?

Size preference: Small / Medium / Large

Age preference: Baby / Puppy (or Kitten) / Young Adult / Adult / Senior

Would you consider fostering special needs pet (including handicap, short- and long-term health issues or a senior animal)?

If so, please describe the needs you feel capable of handling?

How soon are you able to begin fostering?

Is anyone in the household allergic to animals? If yes, please explain.

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Are all of your windows completely screened? Y / N

Is your yard fenced? Y / N

If you do not have a fence, how will bathroom time and exercise be addressed?

How often will the pet be left alone, and where will it be kept at those times?

Hours/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Have you ever owned or fostered any pets before? Y / N

If you currently own or are fostering any pets, please list by species, breed, age and sex, and include if they are spayed/neutered, up to date on vaccinations and if they are on heartworm preventative. If more than three, please continue list on back of sheet.

- 1.
- 2.
- 3.

If you have a dog(s), has he/she/they been introduced to cats or vice versa?

What circumstances or animal behaviors would make you feel the need to return the pet to us?

Are your current pets spayed or neutered? Y / N

Are your pets up to date on vaccinations? Y / N

Do your pets receive monthly heartworm and flea & tick preventatives? Y / N

Have you ever surrendered a pet to a shelter or rescue? If yes, please explain.

What brand/type of food will you feed your foster pet?

**Applicant:** I acknowledge that all of the above information is true, complete and accurate to the best of my knowledge. I understand that any omission of information requested, or any false or misleading information may result in rejection of my application and/or may be considered justification for the removal of my foster pet if discovered at a later date.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**One Dog More! Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_