



## Foster Application

**Thank you for your interest in becoming a foster home for Military Animal Project!**

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

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

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

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

Employer: \_\_\_\_\_ Position/ Hours: \_\_\_\_\_

Have you ever fostered a dog before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many dogs and was it with a rescue?

\_\_\_\_\_

Why are you interested in fostering a dog for Military Animal Project?

\_\_\_\_\_

\_\_\_\_\_

How many people live in the household? \_\_\_\_\_ adults \_\_\_\_\_ children (18 & under)

What are the names & ages of the adults and children that are in the house?

\_\_\_\_\_

\_\_\_\_\_

Are all of the adults in the home in agreement with fostering?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do any family members have allergies to animals or asthma?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you live in a: (Please circle one) House Apartment Townhouse Mobile Home

Do you rent or own? \_\_\_\_\_

If you rent:

Does your landlord allow pets? Yes \_\_\_\_ No \_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind? \_\_\_\_\_ How high is the fence? \_\_\_\_\_

Will the dog be left alone? If so, where and for how long?

\_\_\_\_\_

Are there any restrictions about the dog you can foster? (i.e. weight/size, gender, breed)

\_\_\_\_\_

Who will be the primary caretaker of the foster dog?

\_\_\_\_\_

How long are you able to foster a dog for us?

\_\_\_\_\_

We look for candidate dogs almost every week. If we evaluate and adopt a dog, are you able to foster beginning a day or two after the dog is adopted (and after the dog is evaluated at the veterinarian's) from the shelter?

\_\_\_\_\_

Are you available in the event we need an emergency or temporary foster (2-3 day period) in short notice (24 hours or less)?

\_\_\_\_\_

Have you ever housetrained a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how did you do it?

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**What pets do you currently have in your household?**

1. Name

Dog/Cat \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Kept Where? \_\_\_\_\_

Age \_\_\_\_\_

Approx date of last shot series and type of shots \_\_\_\_\_

2. Name

Dog/Cat \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Kept Where? \_\_\_\_\_

Age \_\_\_\_\_

Approx date of last shot series and type of shots \_\_\_\_\_

3. Name

Dog/Cat \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Kept Where? \_\_\_\_\_

Age \_\_\_\_\_

Approx date of last shot series and type of shots \_\_\_\_\_

Do your dog's welcome other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know what heartworm disease is? Yes \_\_\_\_\_ No \_\_\_\_\_

If you own a dog, what is your current heartworm prevention program?

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Are you willing to crate train our dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever crate trained a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how did you do it.

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Will you allow us to contact your vet for a reference check? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name and telephone number:

\_\_\_\_\_

May we set an appointment come to your home to meet you, your family and all of your pets?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in meeting the Veteran after the dog is placed with their Veteran?

Yes \_\_\_\_\_ No \_\_\_\_\_

STATEMENT OF NONDISCRIMINATION: In compliance with Federal, State, and local equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, ancestry, sex, national origin, pregnancy, sexual orientation, age, physical handicap or disability, veteran status, marital status, or status with regard to public assistance.

The information I have supplied is accurate.

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

Driver's License Number: \_\_\_\_\_

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

Email to: [Mardu@MilitaryAnimalProject.com](mailto:Mardu@MilitaryAnimalProject.com)

Mail to: 4053 Weise Road, Carson City, NV 89703

Questions: (805) 551-1168