



***Dog Foster Application***

Today's Date \_\_\_\_\_ Your Age: \_\_\_\_\_

Your Name \_\_\_\_\_ Driver's license # \_\_\_\_\_

Spouse/Partner/Roommate in your home \_\_\_\_\_

Mailing Address (complete) \_\_\_\_\_

Physical Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**Interest**

Why do you want to foster a dog? \_\_\_\_\_

\_\_\_\_\_

What breed/mix? \_\_\_\_\_

What weight/size of dog? \_\_\_\_\_

How long are you willing to foster? (days, weeks, months, etc) \_\_\_\_\_

Who will watch your dog's when you are out of town or on vacation? \_\_\_\_\_

Can you foster a puppy or pregnant mom? \_\_\_\_\_

Can you foster a dog with special needs (blind, seizures, medications, fracture/cast) \_\_\_\_\_

Have you fostered before? \_\_\_\_\_

If yes, what are your experiences? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Name and Phone # of a personal reference: \_\_\_\_\_

Name and Phone # Veterinarian reference: \_\_\_\_\_

**Black Forest Animal Sanctuary: *Respect - Patience - Healing***  
**16750 Thompson Road – Black Forest, CO – 80908**  
**(719) 494-0158 Farm (719) 494-1426 Fax**  
**[www.BFASfarm.org](http://www.BFASfarm.org) BFASFarm@aol.com**

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**Household**

How many children in the home? \_\_\_\_\_ their ages? \_\_\_\_\_  
Do you live in a: \_\_\_ Farm/Home \_\_\_ House \_\_\_ Mobile Home \_\_\_ Condo \_\_\_ Apartment  
Do you: \_\_\_ Own \_\_\_ Rent  
How long at present address? \_\_\_\_\_  
If you rent, what is your landlord's name? \_\_\_\_\_  
Landlord's phone #? \_\_\_\_\_ Landlord's permission to foster dog? \_\_\_\_\_  
How do others in your home feel about fostering a dog? \_\_\_\_\_

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**Current Pet Ownership**

How many pets do you currently own? \_\_\_ Dogs \_\_\_ Cats \_\_\_ Horses \_\_\_ Other  
Are they spayed or neutered? \_\_\_\_\_  
What are their ages? \_\_\_\_\_  
Do they have any behavioral problems? \_\_\_\_\_  
Do your dogs get along with other dogs? \_\_\_\_\_  
Are your pets current on their vaccinations? \_\_\_\_\_ Who is your Vet? \_\_\_\_\_

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**Environment**

How will your foster dog spend its days? (Please circle all that apply):  
Indoors - Outdoors - Crated - Garage - Porch - Locked in a room - Fenced Yard  
Loose, unfenced - Tied outside - Dog house - With me

How will your foster dog spend its nights? (Please circle all that apply):  
Indoors – Outdoors – My Bedroom – Kitchen – Garage – Porch – Kennel  
Locked in a room – Tied outside – Dog house – Crated

Do you have a fenced yard? \_\_\_\_\_ What type of fence? \_\_\_\_\_  
If your yard is not fenced, how will you contain your foster dog? \_\_\_\_\_  
How much time will your foster dog be left alone daily? \_\_\_\_\_

What do you consider to be the most intolerable dog behavior? (Please circle all that apply):  
Barking – Biting – Jumping up – Digging holes – Chewing - Not coming when called – Going to  
bathroom in the house  
Other \_\_\_\_\_

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**Pet Ownership Experience**

List your prior pets, and where they are now (another shelter, lost, deceased, living elsewhere, etc)  
\_\_\_\_\_  
\_\_\_\_\_

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**Home Visit**

Do you mind if we visit your house as part of the foster inspection process that is

required by the PACFA - Colorado Department of Agriculture?

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**Other**

What else would you like us to know? \_\_\_\_\_

How did you hear about our foster care program? \_\_\_\_\_

Are you able to provide food for your foster dog? \_\_\_\_\_

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**Home Inspection** (To be filled out by shelter staff only)

Date of inspection: \_\_\_\_\_ Inspector's name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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