



## **K9 Orphans, Inc.** **Foster Home Application**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Home Phone Number with Area Code: \_\_\_\_\_  
Work Phone Number with Area Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

What size dog do you want to foster? Small    Medium    Large    XL  
What breeds are you interest in fostering? \_\_\_\_\_  
Do you own your home? \_\_\_\_\_  
If you rent, list landlord name and address: \_\_\_\_\_  
(we will call your landlord to verify dogs are allow)  
Do you have a fence in yard or invisible fence? \_\_\_\_\_  
List type of fence and height? \_\_\_\_\_  
If you have no fence, how do you plan on exercising the dog? \_\_\_\_\_  
\_\_\_\_\_

How many people live in your home? \_\_\_\_\_  
List name, age, sex and relationship:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone in your household allergic to animals? \_\_\_\_\_    If yes please  
explain? \_\_\_\_\_

List any current pet, name, age and breed currently living in your home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Are all these dogs: Please answer yes or no.

\_\_\_ Current on all vaccinations?

\_\_\_ Current on bordatella/ kennel cough?

(We recommend your dogs to have bordatella/ kennel cough vaccine)

\_\_\_ Accepting of new dogs in their home?

Is the foster dog able to have a separate safe haven away from your dogs if needed? \_\_\_\_\_

Do you have any livestock a foster dog could be in contact with? \_\_\_\_\_ If yes describe.

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

Do you have a crate to keep the dog in? \_\_\_YES \_\_\_NO

How many hours will the dog be alone during the day? \_\_\_\_\_

Where will you keep the dog while you are at work or out on errands?

\_\_\_\_\_

Where will you keep the dog while you are on vacation?

\_\_\_\_\_

Have you ever had a complaint with Animal Control? \_\_\_\_\_ If yes, give details on the bottom of this application.

List your vet name, address and phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please call your vet giving permission to release information to K9 Orphans Inc. Failure to do so will result in dismissal of your application.

List any previous pets you have own and what happen to them:

\_\_\_\_\_

\_\_\_\_\_

How Many years have you been involved with dogs? \_\_\_\_\_

What breeds have you had experience with? \_\_\_\_\_

\_\_\_\_\_



What type of experience (pet, training, showing, breeding, etc.) do you have?

---

---

Do you have any special skills (trainer, vet, groomer, etc.)?

---

Have you ever fostered dogs for another rescue group? If so, give the name of the group, dates fostered, and your overall experience with them.

---

---

Do you have? \_\_\_Hobby Kennel License \_\_\_ Commercial Kennel License

Please provide us with three personal references name and phone numbers, not family related:

---

---

---

Do you give us permission to contact everyone you have listed on this application?

---

Do you agree to a home visit by one of our volunteers?\_\_\_\_\_

Do you agree that all the information you provide on this application to be truthful and accurate?\_\_\_\_\_

You have submitted your application, then what is next?

Someone will review your application and get back to you thru email or phone. We will check your vet and personal references. A home visit will be preform. Once this is done we will approve or disapprove your application base on the information we have collected.

Please be patient with us as we process your application as we are all volunteers, and have full time jobs and family.

Additional Comments:

---

---

---