

# Manitoba All Shepherd Rescue Foster Form

Please complete each question to the best of your ability. Applications with incomplete information may not be accepted.

Your full name: \_\_\_\_\_

Spouse/partner full name: \_\_\_\_\_

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

City, Town or Area: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Do you live in:

House          Townhouse          Apartment          Condo          Other: \_\_\_\_\_  
Own          Rent

If renting, do you have permission from your landlord to house additional dogs in the home? \_\_\_\_\_  
(We may require a letter of permission from your landlord)

How big is your yard? \_\_\_\_\_

Is it fenced? Yes          No          If so, how high is the fence? \_\_\_\_\_

If not, how will you contain the dog?

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

Number of adults that live in the home: \_\_\_\_\_

Number of children and their ages: \_\_\_\_\_

Other children who visit and their ages: \_\_\_\_\_

Please list other pets in the home – include: type of pet, age, fixed or not

Do all household members want to foster a new dog/puppy: \_\_\_\_\_

Are you 18 or older? Yes

No

Personal reference #1

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is their relationship to you: \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Personal Reference # 2\*

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is their relationship to you: \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Please list a veterinary reference and contact phone number (DVM name, clinic name, and phone number)

Clinic name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Veterinary doctor's name: \_\_\_\_\_

Please call your veterinary office and provide authorization to release information to us when we inquire.

Already contacted them

Will contact them right away

Does not apply

How long will the dog be alone during the day? \_\_\_\_\_

Where will the dog be kept when alone? \_\_\_\_\_

Where will the dog be kept at night? \_\_\_\_\_

Are you familiar with the use of a crate? \_\_\_\_\_

Do you have transportation for vet appointments, picking up food or supplies? Yes

No

Please describe the time you have available to spend with your foster for exercise, training etc.

Please check all that apply to your experience with training:

House Training Basic Obedience

Advanced Obedience

Dog Sports (describe below)

Other (describe below)

Comment: \_\_\_\_\_

Please describe any training skills you feel would be of benefit to a foster dog:

What level of experience do you have training a dog? Check all that apply:

- None
- Basic commands
- House training
- Kennel training
- Leash training
- Behavioural (fear/aggression) training
- Professional training
- Other (please explain)

Comment: \_\_\_\_\_

What types of behaviour would you prefer not to deal with? Check all that apply

- Chewing
- Nipping
- Jumping
- Leash pulling
- Fear or anxiety issues
- Aggression towards other animals
- Aggression towards people
- Food or resource aggression
- Prey drive
- Other (please explain)

Comment: \_\_\_\_\_

Do you have any previous foster experience? Yes  No

If so, with who? \_\_\_\_\_

How did you hear about Manitoba All Shepherd Rescue? \_\_\_\_\_

**By submitting and electronically signing this application, you are agreeing to the terms below as stated:**

**You are fostering a dog for Manitoba All Shepherd Rescue at your own risk, and are solely responsible for any injuries or damages to people or property caused by your foster dog(s). Manitoba All Shepherd Rescue will not be held responsible or liable for any form of injury or damages. Until an adoption has been approved by a Manitoba All Shepherd Rescue director, all dogs remain the property of Manitoba All Shepherd Rescue.**

Name of person completing this application (this is considered your signature) \*

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

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