

HISTORY OF PET OWNERSHIP

Do you personally currently own a small breed dog? _____ (if yes, please give information)

Name:	Breed:			
Name:	Breed:			
Name:	Breed:			

Do you have other types of animals? (if yes please specify)

Name:	Type of pet:	How Long:
Name:	Type of pet:	How Long:

ABOUT YOUR HOME

(FOR FOSTER APPLICANTS ONLY)

Which of the following best describes your current residence?

Owner/Rent-lease (circle one) single family home condo/townhouse apartment

Other _____

If renting, does your landlord have any restrictions on pet ownership? _____

Does your city have any limits on number of dogs per household? _____

If yes, how many are allowed? _____

Do you have a fenced yard? _____ If yes what type of fencing? _____

If you have a pool, is it fenced in? _____

Do you have a secure dog run? _____

PREFERENCES

(FOR FOSTER APPLICANTS ONLY)

How many dogs would you consider fostering at one time? _____

Do you have a separate quarantine area for dogs if necessary? _____

If not, how would you separate dogs if necessary? _____

Are you willing to foster dogs with special medical needs? _____

Are you willing to foster dogs with history of neglect/abuse who need extra attention? _____

Are you willing to foster dogs with behavior problems who require training? _____

What fostering restrictions would you have? _____

Do you have any fostering preferences? _____

CARE AND RESPONSIBILITY

(FOR FOSTER APPLICANTS ONLY)

Will you be able to take foster dogs to a groomer? _____

Does your groomer offer discounts to rescues? _____ If yes how much? _____

Are you prepared to do the necessary routine care? (cleaning eyes, ears, etc) _____

Approximately how many hours are the fosters left alone daily? _____

Where will the foster stay when you are away? _____

Where will foster animals sleep at night? _____

How many people currently live in your residence? _____

If children, what are their ages? _____

Are your family members willing to help you with fostering? _____

Will fosters be allowed to mingle with family members and pets? _____

REFERENCES

(PLEASE LIST THREE NAMES INCLUDING YOUR VET AND GROOMER IF YOU HAVE ONE, OTHERWISE, A NEIGHBOR, FRIEND OR COWORKER)

NAME	PHONE NUMBER	RELATIONSHIP TO APPLICANT

Any questions or comments? _____

I acknowledge that all the information contained on this form is true and correct. I understand that any misrepresentation of fact may result in the removal of the adopted dog from my/our home. I am aware that I must notify Holly's Garden Rescue within 24 hours if the situation should arise in which I can no longer keep an animal, or if it appears that the animal is ill or is lost or stolen. Please date and sign below.

Signature of Applicant

Date of Application

Approved by: _____
Susan K. Cuervo, Director

Date of Approval