Dreamer’s Foundation Foster Application

The Dreamer’s Foundation does not have paid employees. Our organization is run entirely by volunteers, and your assistance is greatly appreciated.

Please note: ALL foster parents must be 18 years of age or older.

Name: __________________________
Address: __________________________
City: __________________________ State: __________________________ Zip: __________________________
Email: __________________________
Daytime Phone: (______ ) Evening Phone: (______)

Living Space & Pet Area
Do you rent or own your home? _______________ If you rent, how many pets are allowed? _______________
If you rent, please provide a letter of permission from your landlord as well as contact information.
Landlord Name: __________________________ Phone: (______)
How long have you been at your current address? _______________ Do you have a fenced yard? _______________
If you do not have a fenced yard, do you plan on installing one? _______________
Where will the pet sleep at night? _______________
How many hours a day will the pet be left alone? _______________
If no one is home, where will the pet be kept? _______________
Will the pet be kept indoors? _______________ If not, then where? _______________
How will the pet be exercised? _______________

Family Information
Does every family member agree with fostering a pet? _______________
Do you have children? If so, how old are they? _______________
Are your children good with pets? _______________
Who will be the primary caretaker of the pet? _______________

Please tell us about any pets you have:
Name: __________________________ Age: _______________ Breed: _______________
Spayed/Neutered: _______________ Still Own: _______________
Does it live indoor or outdoors? _______________ Is it good with other animals? If no, please explain. _______________

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Spayed/Neutered: _______________ Still Own: _______________
Does it live indoor or outdoors? _______________ Is it good with other animals? If no, please explain. _______________

Please tell us about your animal experience.
I have experience with: Dogs: _______________ Cats: _______________ Other: _______________
Dog Aggression _______ Cat Aggression _______ Separation Anxiety _______
Housetraining _______ Inappropriate Chewing _______ Hyperactivity _______
Pulling on Leash _______ Escaping Fenced Areas _______ Other, Please Explain: _______________
Resource Guarding _______ Inappropriate Jumping _______ _______
Excessive Barking _______ Crate Training _______
Which of the following behavior issues are something you are not prepared for as a foster home, and would make you consider re-homing your foster dog?

<table>
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If you experience behavioral problems with your foster pet, how will you deal with it? _____________________________________________________________

Would you continue to foster the pet with a behavioral issue until a new foster home is found? __________

What items (crate, food, toys, etc.) would you need the Dreamer’s Foundation to provide? ____________________________________________________________________________________________

Why would you like to participate in our foster care program? ___________________________________________________________

Please tell us about any experience, skills, or any other information that was not covered on this form that you think would be useful to the Dreamer’s Foundation.

__________________________________________________________________________________________

Please list two (2) personal references (NOT related to you) that you have known for at least two (2) years.

Reference 1
Name: ___________________________ Daytime Phone: (______)
Email: ____________________________________________________________________________

Reference 2
Name: ___________________________ Daytime Phone: (______)
Email: ____________________________________________________________________________

Are you willing to allow a representative of the Dreamer’s Foundation to interview you for consideration of fostering with our program? Yes / No

I, ____________________________, agree that this application is only a consideration for being a foster home and that the Dreamer’s Foundation reserves the right to refuse any applicant at any time for any reason. I certify that by submitting this application, any and all information provided is true and correct and that I am at least 18 years of age.

Applicant __________________________________________ Date __________________________

Dreamer’s Foundation Representative __________________________ Date __________________________

The Dreamer’s Foundation will automatically care for veterinary needs and medications of our foster animals. Please contact a representative with any questions prior to seeking medical treatment regarding a foster animal.