

DOG FOSTER APPLICATION

P.O. Box 1143 / 7894 Ocean Gateway Easton, MD 21601 (410) 822 0107 fax: (410) 822 7619 www.talbothumane.org info@talbothumane.org

Applicants must be at least 21 years of age. Criminal background checks are done on all applicants

| | Date | DOB: | | |
|-----------------------------------|--|----------------------------|--------------------------------------|--|
| | | County | State_ | |
| nin 2 years | | | | |
| Home | e# | Cell or work # | Cell or work # | |
| ?If rent landov | vner's name | Phone | | |
| pet? if no, please | if no, please list organizations with whom you have fostered | | | |
| iolation of county or state antic | ruelty laws, or violent c | rimes? | | |
| be away from the home? (This | s includes work, meetii | ngs, family outings etc.) | | |
| ver for the foster animal(s)? | | | | |
| for a foster pet? | | | | |
| mit your foster care If ye | s, please explain | | | |
| | | | | |
| n your home: | 1 | | | |
| Breed | spayed/neutered? | Where do you keep the pet? | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Breed | spayed/neutered? | Where was this pet kept? | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Phone | | |
| | had in the past 3 years: Home Home If rent landov If rent landov If no, please If no, plea | | City County Home # Cell or work # | |

Dogs and Puppies

*** Although we at Talbot Humane screen all animals for health and temperament when they arrive at the shelter, please be aware that a quarantine period should still be observed when animals are brought into your home, especially if you have pets of your own. This is for the protection of your pets as well as that of the animals in foster care. Talbot Humane will not be held responsible for the cost of treating personal pets if they become ill or injured.

| Please check all that apply: | Have experience? | Willing to foster? | 7 |
|--|---------------------------|-------------------------------|--------------------------|
| Adult dogs | | 3 | - |
| Puppies | | | - |
| Nursing mother with puppies | | | - |
| Bottle feeding puppies | | | - |
| Special needs dogs (geriatrics, injured, administering meds) | | |] |
| Bedtime for Benji Program (Bringing dogs from adoption program over night to alleviate stress and promote home skills) | | | |
| Do you have a doggie door? Fenced yard | !? If yes, h | eight | |
| Are you prepared to "doggie proof" your home, or, at le | east the areas where the | dog will be permitted? | |
| Where will you confine the foster dog when it is not und | der your direct supervisi | on? | |
| Do you have experience with obedience training? (pup | py class or higher) | If yes, please explai | n |
| Are you aware that your foster pet may not be housetra | ained? | Which method of training | do you plan on using? |
| If you have cats are they accustom to dogs? | If you have do | gs are they accustom to other | dogs? |
| If you have children have they been taught the "do's ar | nd don'ts" of handling ar | imals? Do you | plan on allowing them to |
| participate in the care of your foster pet(s)? | | | |
| Note: We cannot guarantee placement determine that due to illness or temperam longer would you like to be notified? | • | | |
| If you cannot be reached within 48 hours a | decision will be n | nade without your input | • |
| By signing below, I certify that the infor knowledge. I give permission for Talbot H | - | • | _ |
| Signature | | Date | |