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Dog Foster Application

Please review the following points before filling out the application:

- Filling out the application does not guarantee approval to foster.
- Please be sure to fill out the application completely. We make every effort to have the application completed within a 48-hour period.
 - We reserve the right to perform inquiries into the following items, which may affect the outcome of our application:
 - 1) Criminal background; 2) Veterinary history; 3) Property assessment; and 4) Animal Control files.
 - Pending applications are only held on file for 30 days.
 - Approved applications are kept on file for 1 year and will need to be updated yearly.

Name of Applicant _____ Date of Birth _____

Name of Co-Applicant _____ Date of Birth _____

Name of other occupants over 18 yrs. of age _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Number of Children _____ Ages _____

Best Contact Number _____ Email Address _____

Address _____ City _____ State _____ Zip _____

County _____ How many years at this address? _____

If less than 2 years, please list previous address

Do you: Rent _____ Own _____ Do you live in a: House _____ Townhouse _____ Apt/Condo _____ Other (Explain) _____

Landlord Name _____ Landlord Phone Number _____

Is your landlord aware that you would like to foster? _____

Tell us more about your fostering experience (check all that apply):

___ If you have cats, they are accustomed to dogs.

___ You have fostered puppies.

___ If you have dogs, they are accustomed to other dogs.

___ You have fostered nursing mothers with puppies.

___ You have a fenced yard.

___ You have fostered bottle-fed puppies.

___ You have fostered adult dogs.

___ You have fostered special needs dogs.

Does anyone in your home have allergies to dogs or cats? _____

Approximately how many hours a day will you be away from home each day? _____

Who will be the primary caregiver for the foster animal(s)? _____

Tell us about ALL companion animals that have lived in your household in the last 5 years:

Name	Type of Animal (Cat, Dog, Rabbit, etc)	Breed	Age	Spayed/ Neutered	Veterinary Name (that administered vaccines)	How long have you had this pet?

Are you prepared to quarantine your foster animal(s) away from your current household pets? _____

Are you willing to “doggie proof” your home, or at least the spaces where the animal will be permitted? _____

If you have children, do you plan to allow them to participate in the care of the foster animal(s)? _____

Where will you confine the foster dog when it is not under your direct supervision? _____

How long do you expect to care for a foster animal? _____

We cannot guarantee placement for your foster animal, although we will exhaust all efforts. If we determine that due to illness or temperament issues the foster animal cannot stay in the adoption program any longer, would you like to be notified? _____

If we cannot reach you within 48 hours, a decision will be made without your input.

By signing below, I certify that the information on this application is true and correct to the best of my knowledge. I give permission for Talbot Humane and their agents to verify all the information it contains.

Applicant's Signature

Co-Applicant's Signature

Date