



www.fundsfurfriends.com

# Funds for Furry Friends

Suite 208 – 740 Rosser Avenue, Brandon MB, R7A 0K9  
Phone: 204-573-8333 Fax: 866-211-1046

## FOSTER HOME APPLICATION FORM – DOGS/PUPPIES

Full Name			
Address *			
City, Postal Code		MB.	
Home Phone		Cell Phone	
Work Phone			
Email Address			

\* please include both street and mailing address

LANDLORD NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Is your yard: \_\_\_\_\_ fully fenced \_\_\_\_\_ partially fenced \_\_\_\_\_ no fence (in city limits) \_\_\_\_\_ no fence (on a farm)

Please describe how you will keep your foster safe when outside: \_\_\_\_\_

Will you be leaving your foster alone outside? \_\_\_\_\_

Where do you plan to keep foster when you are away from home? \_\_\_\_\_

### PLEASE INDICATE THE NUMBER OF CHILDREN AND ADULTS IN YOUR HOME

\_\_\_\_\_ Adults \_\_\_\_\_ Teens (13-18) \_\_\_\_\_ Infants (> 1 year) \_\_\_\_\_ Preschool (1-4) \_\_\_\_\_ School Age (5-12)

### VET CLINIC INFORMATION (for existing pets in the home)

Veterinary Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

### INDICATE THE SPECIES, BREED, GENDER AND AGE OF ALL PETS IN THE HOUSEHOLD

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE ALL OF YOUR PETS SPAYED/NEUTERED? \_\_\_\_\_ UP TO DATE ON VACCINATIONS? \_\_\_\_\_

### PLEASE INDICATE YOUR EXPERIENCE LEVEL AND ANY PREVIOUS VOLUNTEER EXPERIENCE, IF APPLICABLE

\_\_\_\_\_

\_\_\_\_\_

### PLEASE INDICATE ANY PREFERENCES IN TEMPERAMENT YOU WOULD LIKE TO FOSTER? For example: energy level

\_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU INTERESTED IN FOSTERING WITH FUNDS FOR FURRY FRIENDS? \_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE THE AGES YOU ARE WILLING TO FOSTER:**

- PUPPY (Under 6 months of age)
- TEENAGE (6 months to 1 year)
- YOUNG ADULT (2-3 years)
- ADULT (3-6 years)
- SENIOR (6+ years)

**PLEASE INDICATE THE SIZES YOU ARE WILLING TO FOSTER:**

- SMALL (Under 30 lbs)
- MEDIUM (30-50 lbs)
- LARGE (50-80 lbs)
- X-LARGE (80+ lbs)

**PLEASE INDICATE ISSUES YOU ARE WILLING TO WORK WITH:**

- HOUSEBREAKING ISSUES/HOUSEDTRAINING
- KENNEL/CRATE TRAINING
- BASIC MANNERS
- OBEDIENCE TRAINING (Basics)
- FEAR/LACK OF SOCIALIZATION
- AGGRESSION
- HEALTH ISSUES
- SPECIAL NEEDS (BLIND, DEAF, ETC)
- RESOURCE GUARDING (FOOD, TOYS, ETC)
- SEPARATION ANXIETY

**Do you have experience with administering medications/injections or bottle feeding babies?** Indicate below:

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**Are you interested in any of the following fostering situations?**

- Pregnant moms (whelping)
- Mother dog with puppies
- Litters or pairs of puppies - Please specify number: \_\_\_\_\_

**DO YOU HAVE A RELIABLE VEHICLE TO TRANSPORT YOUR FOSTER(S) TO AND FROM VET APPOINTMENTS?**

*If yes, please indicate what hours you work, if applicable, and the rescue will do their best to accommodate your schedule:*

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**ACKNOWLEDGE IF YOU ARE WILLING TO BRING YOUR FOSTER TO 2 OR MORE ADOPTION EVENTS PER YEAR?**

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I, \_\_\_\_\_ am interested in fostering a dog/puppy for Funds for Furry Friends and agree the information provided on this form is accurate. I understand this information will be kept on file with Funds for Furry Friends and consent to the rescue maintaining records of this personal information. I understand and agree to assist in caring for dogs/puppies as a volunteer of the rescue, and further acknowledge that I will be responsible for the dogs/puppies in my care. I agree to not withhold information regarding the dogs/puppies I foster from the rescue in signing below, I also authorize Funds for Furry Friends to contact my veterinarian for a reference, if applicable.

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Foster Parent's Signature

Funds for Furry Friends

Date

Phone 204-573-8333 – fax 866-211-1046 - website [www.fundsfurfriends.com](http://www.fundsfurfriends.com) | email: [adoptions@fundsfurfriends.com](mailto:adoptions@fundsfurfriends.com)

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