



Foster Care Application

Thank you for taking the time to fill out this application.
This information will remain confidential and used only as part of the AZSDR Foster Program.

Personal Information:

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Primary Phone #: _____ Alternative #: _____

Email: _____

What is the BEST way to reach you: via phone, email, or text? _____

Are you 18 years of age, or older? _____ Date of Birth (MM/DD/YYYY) _____

Household Information:

Living Accommodations: _____ Type: _____

If renting/leasing, are there pet restrictions? _____

If yes, what are they? _____

Landlord's name: _____ Landlord's phone: _____

*If renting, we will contact your landlord to ask if fostering animals in your home is acceptable.
You will not be able to foster until we receive positive confirmation.*

How many people live in your household?

Any children? _____ Ages: _____

How would you describe your home's activity level? _____

Describe your yard: _____

Do you have a pool? _____

If you don't have a fenced-in yard, do you agree to keep your foster dog on leash at all times outside? _____

Animal Care Information

Have you ever fostered for another rescue or organization before? If so, which one? _____

What types of dogs are you interested in fostering? *Circle all that apply.*

BOTTLE BABIES PUPPIES ADULTS SENIORS MOM & PUPS INJURED/SICK

Do you have a preference in sex of foster? MALE FEMALE DOESN'T MATTER

Are you willing to foster long term (possibly months) or short term (days to weeks)? _____

Are you willing/able to transport your foster pet to adoption events (North Phoenix, Peoria)?

YES NO

Are you willing to take your foster dog to vet appointments at a convenient time for you?

YES NO

Please describe the area where your foster animal(s) will be housed: _____

How many hours a day will your foster animal(s) be left alone?

< 4hrs 4-8 hours 8-10 hours >10hrs

While left alone, foster(s) will be:

CRATED RESTRICTED TO CLOSED OFF AREA FREE TO ROAM

Please list below any pets you currently have: Species, Breed, Sex, and Age:

Are they up-to-date on vaccinations? _____ Are they spayed and/or neutered? _____

Veterinarian's contact information:

Please provide two references (family, friends, co-workers, etc.):

Name: _____ Relationship: _____ Phone #: _____

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Arizona Small Dog Rescue

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