



Dreams & Wishes for Small Dogs

P.O. Box 4653
Midlothian, VA 23112



Dog Foster Care Questionnaire

To be considered for Foster Care you must meet the following:

- Be at least 18 years of age
- Have legal identification with current address
- Be able to verify you can have pets where you live
- Be willing and able to bring the foster to Saturday Clinics for adoption
- Dreams & Wishes for Small Dogs has the right to refuse any person at any time

Animal desired: <input type="checkbox"/> DOG <input type="checkbox"/> PUPPY		
Name of Animal:		ID of Animal (if applicable):
Name of Foster Parent:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-Mail Address:		
How long have you lived at this address?		Do you <input type="checkbox"/> Own, or <input type="checkbox"/> Rent
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Military <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo		
Name/Phone of Landlord if renting or leasing:		
If renting or leasing will you provide written permission from the landlord to have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation:		
Employer:		
Valid ID:		Expiration Date:
Have you had any pets in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long did you have the pet?		
What happened to the pet?		
Do you have any pets now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please list:		



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Are they Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height of fence in feet:
Type of Fence:	
How many hours a day will the foster be left alone?	
Where will the foster stay during the day?	
Where will the foster stay during the night?	
How will your new foster be confined to the property? Check all that may apply: <input type="checkbox"/> In House <input type="checkbox"/> Kennel <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Chained <input type="checkbox"/> Patio Area	
Do you realize you may need to housebreak your foster? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will you exercise your foster?	
Would you be able to take your foster to obedience classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will your foster ride in an open pickup truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of adults in household:	Number and ages of Children in household:
Would you be willing for a Dreams & Wishes representative to do a home visit prior to fostering? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify the answers to this questionnaire to be true and that any false information may result in nullifying the foster agreement.

Signature _____ **Date** _____

Application reviewed by:
Comments: