



Foster Application PDF Printout

Name (first – last)

Date (today's) Phone

Address

Email

Please list the names, ages, and relationship to you of each resident of your household, including yourself.

Please tell us about any other pets residing in your home. Please include species, breed, sex and age.

Are each of these animals spayed or neutered? If not, why?

How many hours will the Dachshund be alone each day?

Where will the dog be kept when alone?

Where will the dachshund sleep?

Do you own or rent? If renting, do you have written permission from landlord to own a dog?

Landlords name and phone number (if applicable)

Does your home have stairs? If so, will the dachshund have access to the stairs?

Does your home have a yard or a patio? Is it securely fenced?

Do you have a pool or spa in the yard? If so, is it securely fenced?

Do you have a lot of visitors? Do children under the age of 8 frequently visit?

Please tell us anything else we should know about you, your family or your home:

How many dachshunds would you feel comfortable fostering at one time?

If your first-choice Dachshund is not available, what are your preferences for:

Coat

Sex

Age

Would you consider adopting a dachshund who . . .

Is part of a bonded pair?

- Yes
- No

Requires further house training?

- Yes
- No

Has a physical disability?

- Yes
- No

Requires ongoing medications?

- Yes
- No

Please tell us about any experience you have with dachshunds:

Have you ever fostered or worked with a rescue? If so, describe your experience:

Some rescue Dachshunds have problems with separation anxiety, fearfulness, or dominant behavior. Would you be willing to retrain a dog, following a recommended behavioral remediation program?

Please tell us about any experience you might have working with animals

Please tell us about any medical, veterinary or other related experience or education you may have

Is there anything else we should know?

Please supply the names and contact information for 2 pet references we can call.

Name A

Contact: email and/or phone

Name B

Contact: email and/or phone

Veterinarian and / or Clinic Name

Phone

Please check each item to acknowledge that you have read it and will comply with each policy:

- I understand that any LRDR dog that I foster is the exclusive property of LRDR and that I must return the dog immediately when asked. If I choose to adopt a foster dog in my care, I will pay LRDR the required adoption fee and execute an LRDR adoption contract.
- I agree to provide shelter, food and love, as well as basic necessities such as treats, a collar and a leash. If I require reimbursement for supplies, I will obtain approval from LRDR before incurring any expenses.
- If a LRDR foster dog in my care requires medical attention, I will contact LRDR immediately. I understand that LRDR will only pay for medical expenses that a representative has approved.
- I will ensure the foster dog is wearing an LRDR identification tag at all times. Should the foster dog become lost, I will contact an LRDR representative immediately.
- I certify that I am at least 21 years of age and either own my own home or have permission from my landlord to have pets. I understand that LRDR may contact my landlord for verification.
- I agree to release and hold harmless LRDR and its members from any claims, damages, costs or actions incurred as a result of the actions of the dog while in foster care.

Your Signature