Foreclosed Upon Pets, Inc. (FUPI)

4780 W. Ann Rd. Suite 5-434 North Las Vegas, NV 89031
Phone: 702-272-0010 Fax: 702-778-5318
www.foreclosedupon pets.org – foreclosedupon pets@hotmail.com

CANINE FOSTER CARE APPLICATION

Date: _____

Name:_____

Address:_____

Drivers License Number/Exp Date:_____

Daytime Phone Number: _____
Evening Phone Number:_____
Email: _____
Are you at least 18 years of age? _____

**** The Canine Foster Program is not a means to temporarily own or try out a dog. It is an important and often lifesaving alternative to shelter life for specifically selected dogs. ****

Dogs selected for foster care generally fit into three broad categories. Please indicate which type(s) of dog you wish to foster.

_____Medical – recovering dogs whose injuries or illnesses require that they receive more attentive and personalized care than the shelter can provide
_____ Behavioral – dogs with mild behavioral issues, such as unsociability, barrier frustration, shyness, or excitability, who require behavior modification
_____ Postnatal – recovering mothers and unweaned puppies who often require bottle feeding and very gentle care

Why are you interested in fostering a dog?

_____
_____
_____
_____

What dog experience do you have?

_____
_____
_____
_____

What animals do you currently have in your home?

_____
_____
_____

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Are all of the animals in your home spayed or neutered? **YES / NO**
Have you ever fostered animals before? **YES / NO**
Do you have children? If so, please list their ages.

_____

_____

We often use your current veterinarian as a reference. Please list the name and phone number below.

_____

Do you own or rent your home? **OWN / R E N T**
If you rent, who is your landlord?_____Phone:_____

We do home visits on every applicant who passes the initial screening. Are you willing to let a representative of FUPI visit your home? **YES / NO**

Please read the following statements about the Canine Foster Program and initial next to them to indicate that you understand and agree to abide by them.

Like most shelter dogs, your foster dog may not be housetrained. You understand that he/she may have accidents in your home. _____

Like many dogs, your foster dog may chew on furniture, clothing, or other objects. You are comfortable working with this behavior. _____

You agree to keep your foster dog on a leash or enclosed in a fenced in yard or home at all times. _____

Representatives of FUPI may need to contact or visit you to discuss the dog. You understand that you may be asked to complete evaluation forms on the dog. You agree to be entirely honest and forthright regarding the dog's behavior, be it positive or negative. _____

FUPI is the legal guardian of your foster dog. You understand that FUPI has the final authority in regards to the dog's adoption, treatment, or disposition. _____

All foster parents must complete an orientation. We prefer to do these during our home visits to create the least hassle for your family. When your application is approved, you will be contacted to schedule the orientation.

Please sign below to indicate that everything on this form is true and as complete as possible.

Signature:_____Date: _____

****

Office Use Only:
References:_____Initial Screening:_____Home Visit: _____ Comments:

_____

_____