



Tilted Acres Rescue and Adoptions
 P.O. Box 711
 Raeford, NC 28376
 910-875-5791

Dog Foster Application

Name _____ Home Phone _____
 Address _____ Work Phone _____
 City _____ State _____ Zip _____ Cell Phone _____
 E-Mail Address _____

Personal References: (if possible please list one relative not living with you)

1) Name _____ Phone _____ Relationship _____
 2) Name _____ Phone _____ Relationship _____

To ensure that this adoption is in the best interest of both you and the dog you selected, we ask that you answer the following questions:

- 1) Do you live in (select one): House ___ Apartment ___ Condo/Town home ___ Trailer ___ Military Housing ___
- 2) Do you: Own ___ Rent/Lease ___ Name of Complex & Office Phone # _____
- 3) Are you planning to move in the next six months? Yes ___ No ___
- 4) What will happen to this dog when you go on vacation or in case of an emergency? _____
- 5) How many hours during the average day will your dog be without a human? _____
- 6) Where will this dog be kept during the day? _____
 Night? _____ When you're not home? _____
- 7) Does your home have a dog door? Yes ___ No ___
- 8) Do you have a fenced-in back yard? Yes ___ No ___
- 9) Does your gate have a lock? Yes ___ No ___ If not could one be put on? _____
- 10) If there is no fenced yard how will you exercise the dog? _____
- 11) Please tell us why you would like to foster a dog? _____
- 12) How many people will your dog will be living with (including yourself): _____
- 13) Did your entire family agree on the fostering of this one dog? Yes ___ No ___
- 14) Will the whole family share in the care of this dog? Yes ___ No ___
- 15) Is there any member of your household who is allergic to dogs? Yes ___ No ___
- 16) Are there any children that visit your home frequently? Yes ___ No ___ If yes, ages: _____
- 17) Are there any regular visitors to your home, human or animal, with which your new dog must get along?
 Yes ___ No ___ If Yes, Describe: _____
- 18) Do you have any other pets living with you now? Yes ___ No ___ If Yes, please list below:
 Type (dog, cat, etc.) Breed Neutered/ Owned for how long? Spayed?

19) Have you had pets in the past? Yes ___ No ___ If Yes, please list below:
 Type (dog, cat, etc.) Breed Neutered/ Owned for Where is the pet now? Spayed? How long?

- 20) Do you have a regular veterinarian? Yes ___ No ___
- 21) Veterinarians name and phone _____
- 22) What kind of behavior do you find unacceptable? _____
- 23) If the dog has problems with behavior what will you do about it? _____
- 24) Have you ever given a dog up in the past? _____ Why? _____

I certify that the above information is true and understand that false information may result in nullifying this adoption.

Applicant's Signature _____ Date _____