

KANSAS CITY DOBERMAN RESCUE

APPLICATION TO FOSTER

Name		Spouse	
Occupation		Occupation	
Address		E-mail Address:	
City	State/Zip	How long at this address?	
Phone (home)	(work)	Drivers License #	
Your home			
Home: House <input type="radio"/> Mobile Home <input type="radio"/> Apt. <input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Managers phone #			
Other Occupants:		Adults #	Children # Age(s):
Yard:	Size:	Type of fence :	Lock on yard gate ? Y/N
All pets that you have now			
Pet:	Age	Sex:	Spayed Neutered
			Licensed
			Vaccinated
			Heartworm preventative
_____	_____	M/F	Y/N Y/N Y/N Y/N
_____	_____	M/F	Y/N Y/N Y/N Y/N
_____	_____	M/F	Y/N Y/N Y/N Y/N
FOSTER CARE			
Have you taken canine obedience classes? Y/N When: _____ Where: _____			
Are you able to keep foster dogs separate from your pets if necessary? Y/N			
Are you familiar with possible behavior problems with rescued dogs? Y/N			
Will you work with your foster dog to correct these problems? Y/N			
Veterinarian			
Name		Phone	
May we contact your Vet for references ? Yes / No			
Why do you want to foster a Doberman and how will you care for it			
Why do you want to foster a rescued Doberman ?			
Do you know the temperament and characteristics of the Doberman ? Yes / No			
Where will the dog be kept ? (day)		(night)	
Have you ever been charged with an Animal Control violation? Yes/No When?			
Do you have :- Dog run: Y/N Dog House: Y/N Dog Door: Y/N Dog Crate: Y/N			
# Hours dog will be alone per day ? 0-4 4-8 8-12 12-16 more			
May a representative of KCDR visit your home ? Yes / No			
Applicants Signature: _____		Date: _____	
House check by: _____		Date: _____	
Vet Check by: _____		Date: _____	
Approved by: _____		Date: _____	
Orientation by: _____		Date: _____	