

Skyway Dachshund Rescue Foster Home Application

Representative: _____
Rep Phone Number: _____
Rep Email Address: _____

Date: _____

PERSONAL INFORMATION

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Employer: _____ Work Phone: _____

SPOUSE INFORMATION

Name: _____ Age: _____
Cell Phone: _____
Email Address: _____
Employer: _____ Work Phone: _____

Please list the name, age and relationship of anyone not listed above who is residing with you.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have much contact with any children not listed above? Yes No

Please describe the activity level of the house: is it busy in and out a lot, or is it a quieter, more structured atmosphere? _____

Who will be primarily responsible for the care of the dachshund? _____

Type of residence? House Apartment/Condo Mobile Home Other _____

Do you? Own Rent Other _____

If you rent, is the landlord agreeable to pets on the premises? Yes No

** Written documentation from landlord and/or proof of pet deposit is required prior to adoption.*

Are there stairs in your residence? Yes No

Please note: Dachshunds are prone to back injuries and should not be allowed to climb stairs.

Do you have a yard? Yes No

Is your yard completely fenced? Yes No

If yes, type of fence/height? _____

If no, will you keep the dog on a least at all times? Yes No

If no, what type of exercise program will you set up for your dachshund?

** Please note this is not grounds for denial. Our objective is to discuss situations that may arise.*

Where will the dog be kept during the day? _____
 Where will the dog be kept at night? _____
 Where will the dog be kept when left alone? _____
 How many hours a day will the dog be left at home alone? _____
 Do you agree to notify SDR if you will be leaving the dog in someone else's care
 if you have to be away for vacation or work travel? Yes No

PET HISTORY

Have you ever owned a dog? Yes No
 Have you have owned a dachshund? Yes No
 Have you ever rescued a dog? Yes No
 Have you ever fostered a dog? Yes No
 Do you currently own any pets? Yes No

If yes, please fill out the information below about your current pets.

Name	Sex	Species	Breed	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Would your current pets accept a new dog? Yes No
 Are all pets spayed or neutered? Yes No

If no, please explain. _____

** SDR policy is that we will not allow a foster dog to be in a home with any unaltered animals (cats and dogs only). The only exception is a dog or cat in the home that is currently being shown or if the dog cannot be altered due to medical problems. Documentation required.*

Have you ever bred your dog/cat to have puppies/kittens? Yes No
 If you have previously owned pets, what happened to those no longer living with you?

Are you familiar with heartworm testing and prevention? Yes No
 Are you familiar with flea/tick treatment and prevention? Yes No
 What do you intend to feed the dachshund (brand, wet/dry, etc.)? _____

DACHSHUND INFORMATION

Are you familiar with the unique personality of a dachshund? Yes No
 Please list some characteristics that you know the dachshund breed exhibits.

Would you be willing to foster a dachshund that requires work with a
 behaviorist or requires special needs training? Yes No
 Are you aware that dachshunds are susceptible to weight gain and
 house-training problems? Yes No
 Do you know that dachshunds are susceptible to back injuries? Yes No

Dachshunds are sometimes difficult to housebreak. If needed, how will you housebreak your foster dog?

Please describe any experience you have in training and/or rehabilitation work with dogs.

Sometimes rescued dachshunds require special needs or understanding. Please list some special needs you think a rescue dogs may require?

Why do you want to foster a dachshund at this time?

Are you will to foster a dachshund that is:

- Older? Yes No
Please mark the ages you would consider: 10-12 years old 12-14 years old
 14-16 years old 16 years or older
- Abused? Yes No
- Not reliable with children? Yes No
- Physically handicapped? Yes No
- Recovering from medical treatment and may need longer foster care? Yes No
- Pregnant and will be whelping? Yes No
- Requires on-going medication other than heartworm prevention? Yes No
- Requires continued house-training? Yes No
- Would you consider fostering a pair of dachshunds in the case of dogs that should not be separated and need to be placed together? Yes No

It is very important that we match you and your family with a foster dachshund that is best-suited for your lifestyle. What characteristics would you find undesirable in a foster dachshund?

Do you understand that we contractually bind foster homes to:

- Provide and administer monthly heartworm/flea prevention? Yes No
- Notify SDR if the dog needs to be taken to the vet for any reason (prior to taking the dog to the vet, unless it is an emergency)? Yes No
- Only take foster dogs to vet clinics approved by SDR? Yes No
- Maintain open communication with SDR regarding the welfare of the foster dog in your care? Yes No

REFERENCES

I give permission to my landlord, veterinarian or veterinarian’s representative and personal references to give necessary information to complete a personal reference check on me.

_____ Adopter initials

Landlord

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Member Notes

Veterinarian

Name: _____
Clinic Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Member Notes

Personal Reference 1

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Member Notes

Personal Reference 2

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Member Notes

Personal Reference 3

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Member Notes

The above information is correct and does not contain any false information. I agree to let the rescue group check all references and understand that if my application does not meet the requirements of the rescue group, it may disqualify me from fostering for the organization. I understand that a successful home visit by a member is required to complete the foster home review process.

Signed: _____

Date: _____

I understand that SDR, Inc. will be responsible for any medical, training, or other approved expenses associated with the foster dog in my care. I understand that by signing this form, I agree to release and covenant to hold harmless SDR, Inc. and its members from any claims, damages, costs, or actions including any financial costs from bites or injury to family or visitors or injury to other animals incurred as a result of the foster care or actions of the foster dog. I understand I am bringing in a dog that SDR does not always know the history on, and I will use extreme caution and exercise good judgment when exposing the foster dog to my own animals, neighbor animals, family members and visitors since it is possible that a foster dog, until fully assessed, may demonstrate behaviors that need to be monitored.

I will notify SDR immediately should the foster dog become lost, stolen, seriously ill or die. The foster dog will wear a rabies tag at all times. I understand that should I decide within the first 30 days (or in the case of a pending application, foster home has first refusal) of foster care to permanently adopt the SDR foster dog in my care, I will pay SDR the adoption fee.

I certify that I am at least 21 years of age and that I will be solely responsible for the care and well being of any dog that I foster care for SDR. Any misrepresentation of the true facts in this foster home application will invalidate the foster home agreement and will give SDR the right to immediately reclaim the foster dog.

Signed: _____

Date: _____