



# Foster Application

### INSTRUCTIONS:

If you have any questions, contact us at: [info@njsheltierescue.org](mailto:info@njsheltierescue.org)

- Download the form to your computer, fill it out and save it, then email it to: [info@njsheltierescue.org](mailto:info@njsheltierescue.org)
- Or Download the form, print and fill it out, scan it and email to: [info@njsheltierescue.org](mailto:info@njsheltierescue.org)
- Or Download the form, print and fill it out, then mail it to: **SSPSNJ, 370 Union Ave., Bridgewater, NJ 08807**  
Please put **"Foster Application"** on the envelope.

## Personal Information

Name(s):			
Address: (City)			
(State, Zip)			
Phone:	Home:	Work:	Cell:
Email address:			

## Your Household

<b>Do you live in:</b> <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo			<b>Do you own or rent?</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <small>Note: If you rent your home or , please send proof from your landlord that dogs are allowed.</small>			<b>Is your yard fenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> If yes, indicate type <input type="text"/> Height		
<b>How do you plan on exercising this dog?</b> <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Leash <input type="checkbox"/> Other   Please Explain: <input type="text"/>								
<b>How many adults in household?</b> <input type="text"/>	<b>How many children in household?</b> Boys <input type="text"/> Girls <input type="text"/>	Number <input type="text"/> Ages <input type="text"/>	<b>Do grandchildren live in or visit your home?</b> <input type="checkbox"/> Yes <input type="text"/> Ages <input type="checkbox"/> No <input type="text"/>					
<b>Do you foster children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Number <input type="text"/> Ages <input type="text"/>	<b>Is anyone allergic to dogs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Does your home have a dog door?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does your home have a pool?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	In-ground <input type="checkbox"/> Above ground <input type="checkbox"/>	<b>Is the area fenced-in separate from the yard?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Does your home have a trampoline?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is it fenced-in?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>During the day, is anyone at home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> If yes, who?						
<b>Are there any special needs adults or children in your home? (If yes, please explain below)</b> <input type="text"/> <input type="text"/> <input type="text"/>								<input type="checkbox"/> Yes <input type="checkbox"/> No

## Dog Experience

Have you ever owned a sheltie? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever owned a dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
What breed? <input style="width: 100%;" type="text"/>	Are you willing to house train a dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you be willing to obedience train the rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to crate train the rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be willing to foster a special needs dog? (i.e. epileptic, old dog, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever given up a dog for adoption or had to place a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please explain) <input style="width: 100%; height: 40px;" type="text"/>
Would you be willing to take a dog at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to sign a release form? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be open to a home check? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Veterinarian / References

### Veterinarian or Reference 1

Name:	<input style="width: 85%;" type="text"/>
Address:	<input style="width: 85%;" type="text"/>
Phone:	<input style="width: 85%;" type="text"/>

### Reference 2

Name:	<input style="width: 85%;" type="text"/>
Address:	<input style="width: 85%;" type="text"/>
Phone:	<input style="width: 85%;" type="text"/>

## Your Pets

Please list all pets you currently have in your home and on your property, indicating species, age, if altered, medical conditions, temperament and any additional information that would help us in selecting the best dog for you to foster (example of pets to be listed: cats, ferrets, birds, rabbits, farm animals, etc.).

### AGREEMENT

*Should you foster a rescue sheltie for Shetland Sheepdog Placement Services of New Jersey, you understand that no dog will be allowed to run "free." That the rescue must be in a fenced area or on a leash. You agree never to leave the sheltie outside unattended or chained. When transporting the rescue sheltie, it will never be transported in the open bed of a truck. The sheltie will be transported in a secured manner such as a cage, seat belt harness, belted in with a leash, etc. You agree to feed, groom, exercise and be willing to provide medical/follow up care if needed with an SSPSNJ approved veterinarian (vet expenses reimbursed with SSPSNJ authorization), and provide lots of love to any sheltie that you foster for SSPSNJ.*

*SSPSNJ reserves the right to refuse any application.*

*If you have any questions regarding any of the questions on this application, please call 908.704.1241 between the hours of 10 am-8 pm or email a.frey@asdc.net.*

Foster Signature _____	_____
	Date
Foster Print Name _____	
Signature of SSPSNJ Representative _____	_____
SSPSNJ Representative Print Name _____	Date

**If you decide to adopt your foster dog, an Adoption Contract must be completed and returned along with the standard adoption fee.**