

Senior Dog Rescue of Oregon
Philomath, OR
(541) 929-4100
www.sdro.petfinder.com faria@pioneer.net

FOSTER CARE APPLICATION

Name _____

Address, City, State & Zip _____

Telephone _____ Cell Phone _____ Email _____

Number of adults in home _____ Number of children in home & ages _____

PETS IN THE HOME

Number, breed, sex and age of Dogs:

Cats _____ Other pets _____

Are all your pets spayed/neutered Yes No Currently vaccinated Yes No

Where do your pets live Inside Outside Combination Other (please explain)

FOSTERING INFORMATION

Why are you interested in becoming a foster home? _____

What types of dogs are you willing to foster (check all that apply)

Females Males Adults Puppies Abused/Neglected Special needs (blind, deaf, etc.)

How many dogs are you able to foster at one time _____

Are there any restrictions such as weight, temperament, etc. Please explain _____

Other information _____

As a foster care home, are you willing to provide daily food, water, exercise and routine care that a foster animal will require? Yes No

Signature

Date