



Foster Questionnaire

Name: _____ E-Mail: _____

Address: _____

Cell: _____ Alt Phone Number: _____

1.) Have you fostered before? If so, tell us who you fostered for and a little about your experience.

No

2.) Who would you be interested in fostering? (check all that apply)

<input type="checkbox"/> Bottle babies*	puppies that are no longer with the mom but cannot eat on their own (Usually fostered for 8-10 weeks)
<input type="checkbox"/> Orphaned puppies*	puppies that are no longer with their mom but can eat on their own (Usually fostered 4-6 weeks)
<input type="checkbox"/> Nursing Litters	Momma dogs with puppies that are younger than 6 weeks and are still nursing (Usually fostered for 8-10 weeks)
<input type="checkbox"/> Momma dogs	Momma dogs need time to "dry-up" before they can be spayed after their puppies have been weaned (Usually fostered for 4-6 weeks)
<input type="checkbox"/> Special cases	Sick, injured, mangey, etc (Varies by case)
<input type="checkbox"/> Temporary foster	Temporary fosters take in other foster parent's foster dogs while they are out of town, or a foster dog that is waiting to have surgery, etc. (Usually a week or 2)

*Puppies are susceptible to a number of different diseases. Ten to twenty percent of puppies will not survive no matter how hard we try. Please keep this in mind before agreeing to foster the younger puppies.

3.) Where would your fosters be kept in your house? Do you have an area to quarantine fosters away from your personal dogs if needed?

4.) What pets do you currently have and are they up to date on vaccines?

5.) Do you own or rent your home? If you rent would your landlord approve of you fostering?

6.) Do you have children? If so, please list their ages.

In an effort to match you with a foster please let us know anything else we should consider about your situation.

Thanks!

Pup Squad Animal Rescue