



74 Francois Drive Herculaneum, MO 63048 phone: 314-226-3814 www.glrescue.org

## GOODE LIFE RESCUE Foster Application

### **PERSONAL INFORMATION:**

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State,  
Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Typical # hours worked daily \_\_\_\_\_

### **BACKGROUND INFORMATION:**

1. Humans in the household?

Adults: \_\_\_\_\_ Ages: \_\_\_\_\_

Children \_\_\_\_\_ Ages: \_\_\_\_\_

2. If there are children in the household (including visiting grandchildren),  
are they experienced with dogs/cats?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Have you ever fostered before? \_\_\_\_\_

4. Can you foster the dog until it is adopted? \_\_\_\_\_

5.If not, how long can you foster? \_\_\_\_\_

6.Are you prepared to commit to fostering, knowing that a foster could possibly stay in your home for several weeks or months? \_\_\_\_\_

7.When would you be able to start fostering? \_\_\_\_\_

8. Can potential Adopter come to your home to meet the dog? \_\_\_\_\_

9. Are you willing to help with home checks for potential adopters? \_\_\_\_\_

**ENVIRONMENT:**

10.Do you live in a:  
\_\_\_\_\_ house \_\_\_\_\_ townhouse \_\_\_\_\_ apartment \_\_\_\_\_ mobile home

11.Do you \_\_\_\_\_ own \_\_\_\_\_ rent

12.If you rent, what is the landlord's policy on pets?  
\_\_\_\_\_

13.Do you have a fenced area for exercise? \_\_\_\_\_

14.Where will the foster dog/cat spend its daytime? \_\_\_\_\_

15.Where will the foster dog/cat sleep at night? \_\_\_\_\_

16.Do you have pets in your home now? \_\_\_\_\_ Yes \_\_\_\_\_ No

17.If yes, please list all pets, sex, breed, ages, spayed/neutered.

Dogs: \_\_\_\_\_

Cat's: \_\_\_\_\_

Other: \_\_\_\_\_

18. Do your pets live \_\_\_\_\_ inside \_\_\_\_\_ mostly inside  
\_\_\_\_\_ mostly outside \_\_\_\_\_ outside

19. Are your pets current of vaccines? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. What types of dogs/cats are you willing to foster?

\_\_\_\_\_ Males \_\_\_\_\_ Females

\_\_\_\_\_ Adults \_\_\_\_\_ Puppies \_\_\_\_\_ Dogs taken from private owners

\_\_\_\_\_ Dogs/Cat taken in from shelters \_\_\_\_\_ Abused/Neglected dogs/cats

\_\_\_\_\_ Injured/sick dogs/cats \_\_\_\_\_ Kittens

21. Do you have a veterinarian? \_\_\_\_\_

22. Name of veterinarian: \_\_\_\_\_

23. Phone number of Veterinarian: \_\_\_\_\_

**References:**

Please list 2 references and telephone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

**I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I also understand that The Goode Life Rescue will not be responsible for any damage by the fostered animal.**

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Goode Life Representative:**

\_\_\_\_\_

**Date** \_\_\_\_\_