



## Foster Home Application

Thank you for your interest in fostering for Southern California Dachshund Rescue! The information on this application will help us match you with the appropriate foster dachshund for your home and family.

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list the names, ages and relationships to you of each resident of your household: \_\_\_\_\_  
\_\_\_\_\_

Please tell us about any pets currently residing in your household: \_\_\_\_\_  
\_\_\_\_\_

Are each of these animals spayed or neutered? If not, why not? \_\_\_\_\_

How long will the dog be alone each day? \_\_\_\_\_ Where will the dog be kept when alone? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If you rent, do you have your landlord's written permission to have a dog? \_\_\_\_\_

Landlord's name and phone number: \_\_\_\_\_

Does your home have stairs?  Yes  No Do you have a pool or spa?  Yes  No

Do you have a yard or patio?  Yes  No If so, is it fenced?  Yes  No

Do you have a lot of visitors?  Yes  No Do children frequently visit?  Yes  No

Please tell us anything else we should know about you, your family or your home: \_\_\_\_\_  
\_\_\_\_\_

How many dachshunds would you feel comfortable fostering at one time? \_\_\_\_\_

Do you have a preference for age, gender or coat? \_\_\_\_\_

Would you consider fostering a dog who...

Is part of a bonded pair?  Yes  No Requires further house training?  Yes  No

Has a physical handicap?  Yes  No Requires behavior modification?  Yes  No

Is recovering from surgery?  Yes  No Requires ongoing medication?  Yes  No

Please tell us about any experience you have with dachshunds: \_\_\_\_\_  
\_\_\_\_\_

Some rescue dachshunds have problems with separation anxiety, fearfulness or dominant behavior. Would you be willing to help retrain a dog, following a recommended behavioral remediation program?  Yes  No



Have you ever fostered or worked with a rescue? If so, describe your experience: \_\_\_\_\_

Please tell us about any experience you might have working with animals: \_\_\_\_\_

Please tell us about any medical, veterinary or other related experience or education you may have: \_\_\_\_\_

Please tell us about any other volunteer experience you may have: \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

Please initial each item to acknowledge that you have read it and will comply with each policy:

I understand that any SCDR dog that I foster is the exclusive property of SCDR, and that I must return the dog immediately when asked. If I choose to adopt a foster dog in my care, I will pay SCDR the required adoption fee and execute an SCDR adoption contract.

I agree to provide shelter, food and love, as well as basic necessities such as treats, a collar and a leash. If I require reimbursement for supplies, I will obtain approval from SCDR before incurring any expenses.

If an SCDR foster dog in my care requires medical attention, I will contact SCDR immediately. I understand that SCDR will only pay for medical expenses that a representative has approved.

I will ensure the foster dog is wearing an SCDR identification tag at all times. Should the foster dog become lost, I will contact an SCDR representative immediately.

I certify that I am at least 21 years of age and either own my own home or have permission from my landlord to have pets. I understand that SCDR may contact my landlord for verification.

I agree to release and hold harmless SCDR and its members from any claims, damages, costs or actions incurred as a result of the actions of the dog while in foster care.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Return via email:** [dena@delgado.com](mailto:dena@delgado.com)

**fax:** (562) 697-4345

**Mail:** Southern California Dachshund Rescue, 600 Gerry Street, La Habra, CA 90631-4173