

Dog Foster Application

Please complete this application and return to: The Ark of San Juan Post Office Box 117, San Juan Capistrano, CA 92693

Telephone: (949) 388-0034 e-mail: info@arkofsanjuan.org

Date:	Nam	ne:				
Address:						
City:			State:	Zip:		
Home Phone:		Work Pho	one:			
Cell Phone:		E-mai	l:			
Best times to call:				Number to call (Hon	ne Cell Work)	
How many are in yo	ur household? _	If there a	re children, wl	nat are their ages?		
Do you live in a:	House	_ Condo	_ Apartment _	Mobile Home	e Other	
Do you:own _ If you rent, do you h		d's permission t	to foster a pet?	,		
If you rent, may we o Name and Phone Nu						
Who will participate	in caring for the f	oster dog other t	han you?			
What days and hours	would the foster	animal be left al	one?			
Types of confineme	ent you can prov	ride: Fenced ya	rd (height and	l type):		
Crates (size): Amount of time per	day and when	dog will be cra	ted:			
Kennel run (size an kenneled:	d type):		Ar	nount of time per da	ay and when dog	will be
Do you currently hav			No If so, he	ow many, what speci	ies, breed , sex an	d age?

Are you aware of how to introduce a new animal to o	ther pets in your household?		
	If so, with what organization(s):		
How many and what sex of dogs will you foster at	one time?		
Length of time you are willing to foster:			
Do you have experience in medicating dogs?	If so, please describe		
What circumstances would cause you to return a fo	oster dog in your care?		
	r home by appointment?		
Any additional comments?			
By signing below, I state that I have read and complete application is true and complete.	ed this form, and that all of the information given in this		
Signature	Date		