

**Ashland County Dog Shelter
Foster Care Application for Temporary Custody of Dog**

First Name:		Last Name:	
Address:		City:	
Telephone:		Zip Code:	
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own	How many people live in your residence?	Fenced in yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	How many hours away from home daily?	
Do you currently have dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your dog(s) get along with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog(s) in home: # _____ <input type="checkbox"/> Male # _____ <input type="checkbox"/> Female	Is dog(s) spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
List dog(s) in home:			
Are dog(s) in home licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are dog(s) in home vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterinarian Name:		Telephone #:	
Size of dog you feel prepared to foster:			
<input type="checkbox"/> Small – under 30 lbs. <input type="checkbox"/> medium – 30 to 50 lbs. <input type="checkbox"/> large – over 50 lbs.			
Do you have a breed preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breed:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
What type of dog are you looking to foster?		<input type="checkbox"/> Puppy <input type="checkbox"/> Dog with medical needs <input type="checkbox"/> Dog needing socialization	
Have you ever fostered dogs for any organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Foster Program are you interested in? <input type="checkbox"/> Foster to possibly adopt <input type="checkbox"/> Medical foster <input type="checkbox"/> Dog day out program		
References			
Name	Address	Telephone Number	