



FOSTER CARE APPLICATION

Thank you for wanting to save a life by becoming a foster parent for RUFF Rescue of Central Florida, Inc.

The information you provide is confidential, and will only be used in determining your acceptance into our foster program. All questions **must** be answered. Incomplete applications will **not** be considered.

To be considered as a RUFF Rescue foster parent you must meet the following criteria:

- Be at least 21 years of age
- Have identification showing your present address
- Have the consent of all adults living in the household
- Own your own home, or have the landlord's consent to foster a dog

*Completion of this application does **not** guarantee approval of becoming a foster parent*

.....
Date _____

FOSTER PARENT INFORMATION

Name _____ Birth Date (mm/dd/yy) _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

Employer _____ Telephone _____

Driver's License # _____ State _____

Have you ever been charged with or convicted of animal abuse, neglect, or cruelty? ☐ Yes ☐ No

If yes, explain _____

Please tell us why you wish to foster _____

(continued...)

TYPE OF FOSTER

I am interested in fostering: ☐ Puppies ☐ Pregnant Dog ☐ Nursing Dog w/puppies
☐ Adult Dog ☐ Senior Dog ☐ Dog w/Special Needs

How many animals can you foster at a time? _____

Are you willing to foster puppies that need to be bottle-fed every two to four hours? ☐ Yes ☐ No

If interested in fostering dogs, is there a size/weight limit you would be willing to foster? ☐ Yes ☐ No If yes, limit _____

Any breed you would not be willing to foster? ☐ Yes ☐ No If yes, who _____

Please explain any experience you have in handling the type of animal you wish to foster (training, discipline, socializing, etc.)

Have you ever volunteered/worked for an animal rescue organization? ☐ Yes ☐ No If yes, when and who _____

CURRENT LIVING ARRANGEMENTS

☐ Single-Family Home ☐ Condo ☐ Apartment ☐ Mobile Home ☐ Other (specify) _____

Do you ☐ Own ☐ Rent - Landlord's Name _____ Telephone _____

How many adults are there living in the home where foster(s) will be? _____ How many children? _____ Ages? _____

Is anyone in this household allergic to animals? ☐ Yes ☐ No

Do you have a backyard? ☐ Yes ☐ No If yes, is it fenced on all sides? ☐ Yes ☐ No Height of fence _____

Approximate size of fenced portion of backyard _____

Type of fence ☐ Chain Link ☐ PVC ☐ Wood ☐ Invisible ☐ Electric ☐ Other (specify) _____

Do you have a pool? ☐ Yes ☐ No If yes, is there a safety fence around the pool? ☐ Yes ☐ No

CARE OF YOUR FOSTER(S)

Will someone be home during the day with your foster(s)? ☐ Yes ☐ No If yes, who? _____

Who will be the primary caregiver and have responsibility for your foster(s)? _____

How many hours each day will your foster(s) be without human companionship? _____

What sort of training are you willing to provide for your foster(s)? (crate training, housebreaking, basic commands, obedience, etc.)

(continued...)

CARE OF YOUR FOSTER(S) - continued

How do you plan to exercise your foster dog(s)? _____

Where will your foster dog(s) be kept during the day? ☐ In the house ☐ Outside in kennel/dog run ☐ Secured on chain/rope
☐ Garage ☐ Patio ☐ In crate in house ☐ Other _____

Where will your foster dog(s) sleep? ☐ In the house ☐ Outside in kennel/dog run ☐ Secured on chain/rope
☐ Garage ☐ Patio ☐ In crate in house ☐ Other _____

Do you travel? ☐ Yes ☐ No If yes, how do you intend to provide for your foster dog(s) while you're away? _____

If you drive a pickup truck, do you understand that foster dog(s) are not allowed to ride in the truck bed unless secured in a crate or carrier which is anchored to the truck bed? ☐ Yes ☐ No

Are you willing to take your foster dog(s) to veterinarian appointments in either Leesburg or Eustis? ☐ Yes ☐ No

Are you willing to give your foster dog(s) medication, baths, etc. if needed? ☐ Yes ☐ No

Are you willing to have potential adopters come to your home at a mutually convenient, scheduled appointment time to meet your foster dog(s)? ☐ Yes ☐ No

Are you willing to keep your foster dog(s) until a permanent home is found (which could be weeks to months), or until a suitable space is available at another foster home? ☐ Yes ☐ No

Are you willing to have a representative of RUFF Rescue of Central Florida, Inc. visit your home periodically to check on your foster(s)? ☐ Yes ☐ No

Some dogs may come from abusive situations. Do you agree to handle any behavior problems without the use of physical discipline? ☐ Yes ☐ No

If you answered no to any of the above questions please explain:

(continued...)

PERSONAL PETS

Do you currently have pets? ☐ Yes ☐ No If yes:

Sex/Type of Pet	Age	Spayed/ Neutered?	Current on vaccinations/ heartworm prevention?
_____	_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No	☐ Yes ☐ No

(If you currently have more than three pets, please list on reverse side)

Have you had pets in the past? ☐ Yes ☐ No If yes, what happened to them? _____

Have you ever turned a pet into a shelter? ☐ Yes ☐ No If yes, please explain _____

Have you ever had a pet euthanized? ☐ Yes ☐ No If yes, please explain _____

REFERENCES

Give three references (*two non-family members*), and veterinarian

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Veterinarian's Name _____ Telephone _____

Comments _____

RUFF Rescue of Central Florida, Inc. reserves the right to reject any applicant for our Foster Care Program.

Applicant, by signing below: gives permission for a representative of RUFF Rescue of Central Florida, Inc. to contact references and landlord (if applicable) provided on this form, and make a home visit prior to acceptance into our Foster Care Program; authorizes those individuals contacted to release the requested information, and releases them from all liabilities for supplying such information; acknowledges that all information contained in this application is true and correct, and that any misrepresentation will result in the immediate removal of any fostered dogs and equipment, supplies, medications, etc. loaned if acceptance into the Foster Care Program is approved.

Applicant's Signature _____ Date _____

**Application can be mailed to:
Foster Care Coordinator**

**RUFF Rescue of Central Florida, Inc., PO Box 2318, Minneola, FL 34755
You may also submit your application online at www.rrocf.org**