

**SENIOR DOG RESCUE
OF OREGON**



Dog's Name

P.O. Box 1051, Philomath, OR 97370

Phone: 541-224-2488

SDROregon@gmail.com

www.SDROregon.com

Foster Application

Name _____ Date _____

Address, City, State & Zip _____

Phone: Home _____ Office _____ Cell _____

Email address _____

Number, Breed, Sex and Age of each dog currently in your home (add additional sheets if needed):

Number of cats in your home: _____

Other Pets in your home: _____

Are all your pets spayed / neutered? _____

Are all your pets currently vaccinated? _____

Where do your pets live? Indoors? Outdoors? Combination ? Please explain: _____

Why are you interested in becoming a foster home? _____

What types of dogs are you willing to foster (Check all that apply): Females Males

Adults Abused/Neglected Special Needs (blind, deaf, etc.)

How many dogs are you able to foster at one time? _____

Are there any restrictions, such as weight, temperament, etc.? Please explain: _____

Any other information? _____

As a foster home, are you willing to provide daily food, water, exercise and routine care that a foster animal requires? Yes No

Thank you!

By submitting this application, I certify that all of the information I have provided is true and complete, to the best of my knowledge.

Signature(s)