

## Contact Information

First Name:	Last Name:		
Telephone (day):	Telephone (home):	Cell:	
Address:	City:	State:	Zip:
E-Mail Address:			

## Questionnaire

Number and ages of children living with you:
Previous experience with Aussies?
Have you owned other dogs before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, for how long and why do you no longer own them?
Pets presently at home, include breed, age and sex of dog:
What veterinary hospital do you currently use or have you used in the past?
Can we contact them as a reference on care of your current or prior pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the pets you have at home spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever owned a dog with behavior or training problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how did you deal with the problems?
Have you ever trained a dog for obedience or any other dog sport or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to what level did you train, where did you train (name of trainer or school) and when?
Do you have any strong preference as to the age of the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please explain:
Do you have a strong preference as to the sex of the dog (all dogs are spayed or neutered)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:
How many dogs can you foster at one time?
Will the dog be inside/outside during the day?                      At night?
Will anyone be home with the dog during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Daily work hours?
Do you have a Doggie Door?
Do have a crate and what kind?

# Foster Application Form

www.aussiefriendsrescue.com  
Foster Applicant Screening

Do you have a kennel run outside?
Is your yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, type of fencing and height?
Do you have a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
You live in: <input type="checkbox"/> Own home <input type="checkbox"/> Rental home <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural

## References

First Name:	Last Name:
Telephone (day):	Telephone (home):

Signature:	Date:
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By applying to be a foster for AAFR, I understand that it is my decision to foster any particular dog. I will not hold AAFR or any member thereof, responsible for any damage, injury, or harm caused, directly or indirectly, by any dog I may decide to foster. I agree to keep identification (collar and Id tag) on the dog at all times.

I agree to not rehome or relocate the foster dog with out explicit permission of AAFR. In the event that you can no longer foster whether it be voluntarily or by request, I agree to immediately return any foster dog to Aussie And Friends Rescue.

I will contact AAFR regarding any veterinary needs the dog may have, unless it is a life-threatening emergency. I will use veterinarians that are scheduled for or recommended to me by AAFR. If I should choose to take the dog to my personal vet, I will not expect reimbursement without prior approval by an officer of Aussie And Friends Rescue.

Please email your application to: [jane@aussiefriendsrescue.com](mailto:jane@aussiefriendsrescue.com)

Or mail to:

**Aussie and Friends Rescue**

P.O. Box 121

Payson, AZ 85547

We thank you for your interest in volunteering to help give a Aussie a second chance at a wonderful life. You will be contacted once your application has been reviewed.