

**Much Ado**



**About Hounds**

**MUCH ADO ABOUT HOUNDS, INC.**

P.O. Box 871045

Stone Mountain, GA 30087

## FOSTER APPLICATION

Please tell us about your family and living accommodations so we can best recommend a compatible match!  
You must be at least 18 years old to submit an application.

Your Name: \_\_\_\_\_

Your Email: \_\_\_\_\_

You want to foster Dog \_\_\_\_\_ Cat \_\_\_\_\_

(Please answer the appropriate questions below.)

Are you interested in fostering a specific dog or cat we have listed? If yes, what is the animal's name?

\_\_\_\_\_

Have you fostered or worked with a rescue group before? If yes, where and what is the group's name?

\_\_\_\_\_

Please describe your experience with dogs/cats, such as breeding, raising, medical, etc.

\_\_\_\_\_

\_\_\_\_\_

Your information:

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Age: \_\_\_\_\_

Spouse age: \_\_\_\_\_

Occupations of both: \_\_\_\_\_

\_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

How do your children behave around animals? \_\_\_\_\_

\_\_\_\_\_

Type of residence: Apartment/Condo/Townhome/Trailer/Farm/Other.

Own or Rent: \_\_\_\_\_

Rural/Suburban/Urban/No outdoor area: \_\_\_\_\_

Size of living area: \_\_\_\_\_

Are you willing to permit a homecheck? \_\_\_\_\_

Do you have a fenced yard? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

How many hours during the day will the pet be left alone? During what time frame?

\_\_\_\_\_

Where will the pet be kept when he/she is left alone? \_\_\_\_\_

\_\_\_\_\_

Where will the dog/cat be when the family is home?

\_\_\_\_\_

If you have a fenced yard, kennel or pen, how much time will the dog be spending there and under what conditions would he/she be left outside (during work hours, at night, etc.)

\_\_\_\_\_

Are you familiar with and willing to crate train dogs? \_\_\_\_\_

Does anyone in your family have allergies to hair, dust, or animal dander? \_\_\_\_\_

Do you currently own any dogs or cats? If yes, provide the breed, sex, age, and current spay/neuter status.

\_\_\_\_\_

Do you own any other types of pets or animals? If yes, provide type, ages, and current spay/neuter status.

\_\_\_\_\_

\_\_\_\_\_

Have you owned dogs or cats in the past? If yes, what did you like most about them? Least about them?

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Indicate the disposition of prior dog/cats (ran away/stolen/sold/given away/given up to rescue organization/  
given up to animal control/euthanized/died). \_\_\_\_\_

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If given up, why? \_\_\_\_\_

If euthanized, why? \_\_\_\_\_

If died, cause of death? \_\_\_\_\_

Veterinarian reference (name of clinic and veterinarian/address/phone number):

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Dog trainer (if any) Name and telephone number: \_\_\_\_\_

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Are you willing to foster a dog/cat that has existing health problems? \_\_\_\_\_

Are you willing to travel to pick up your foster dog/cat? \_\_\_\_\_

Please tell us anything else we need to know. \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature and date: \_\_\_\_\_

THANK YOU!