

## ECSCA FOSTER APPLICATION FORM

Form to be filled out by whoever will be the dog's primary caretaker and sent to:  
Karen Kirby at: [fencerow@sbcglobal.net](mailto:fencerow@sbcglobal.net) OR 1004 Retford Dr., Westfield, IN 4074

Applicants may be required to have a home visit and reference checks.

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of housemate \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any other adults in your household: relation to you, gender and please specify if anyone is disabled, elderly, or frail (this is to help us make sure we make the right match).

\_\_\_\_\_

\_\_\_\_\_

Please list sex and ages of children/teens who either live with you or visit you on a regular basis (eg grandchildren, neighbors, kids, friends):

\_\_\_\_\_

\_\_\_\_\_

Names, ages, spay/neuter status, species (dog, cat, etc.), & breed of ALL pets in your household:(use back or separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

### References:

Please provide references of two people that know you well and are willing to verify your ability to properly care for a foster.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
How long have you known them? \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
How long have you known them? \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Do you currently have a veterinarian? [ ] Yes [ ] No

Please provide:

Name: \_\_\_\_\_  
Phone#: \_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Would you describe your main vet as:

Modern [ ] sophisticated [ ] average [ ] simple [ ] not very high tech [ ]

Comments:

Do you have access to emergency veterinary clinic or specialty clinics? [ ] Yes [ ] No

Name: \_\_\_\_\_  
Phone#: \_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

(1)

**Do you  own or  rent your home?**

Live in (check one):  House  Townhouse  Apartment  Condo  Duplex  Trailer

Other \_\_\_\_\_

**If you rent** - Do you have the landlord's permission to have a dog? (we will need proof in writing)  Yes  No

Is there a weight limit?  Yes  No If yes, what? \_\_\_\_\_

Landlords Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

How long have you rented? \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Do you have a fenced yard?  Yes  No

What type of fencing and height of fence? \_\_\_\_\_

Is your yard totally fenced?  Yes  No

Do you have a fenced enclosure (kennel) to contain your foster?  Yes  No

Do you allow your dog(s) to run in any unfenced areas?  Yes  No

If yes, please explain: \_\_\_\_\_

What is your connection/experience with English Cocker Spaniels? \_\_\_\_\_

Why do you want to foster? \_\_\_\_\_

Might you want to adopt the animal you are going to foster?  Yes  No

How long can you generally commit to fostering a dog?  days  months \_\_\_\_\_

Are there any dates in the near future where you will not be available? \_\_\_\_\_

What kinds of medical conditions have you had experience handling?(seizures,diabetes,heartworm,deafness,blindness, ear infections, etc) \_\_\_\_\_

How does your dog(s) react to other dogs? (friendly, submissive, growls, etc.): \_\_\_\_\_

Who cares for your pets when you are not home?

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

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

Phone: \_\_\_\_\_

Are ALL dogs in your household current on ALL recommended and/or required vaccinations?  Yes  No (we will need proof of that before placing a dog with you)

Where will the foster spend most of it's time?  inside  outside  both

Where will the foster sleep at night?  on the bed  loose  crate  confined to specific area  other

Where will you keep your foster when no one is home?

house  kennel  yard  exercise pen  crate  confined to specific area  basement/garage

If no one is home during day, about how many hours will the dog be left alone? \_\_\_\_\_

Are you familiar with crate training?  Yes  No

Do you have a crate available for use with your foster dog?  Yes  No

Are you aware that your foster dog may be an adult, with an unknown history, and no prior training?  Yes  No

(2)

Are you aware that your foster dog may chew, dig, bark, jump, or display other undesirable behaviors while in your care? [ ] Yes [ ] No

Is your dog(s) obedience trained? [ ] Yes [ ] No

Are you able (and willing) to work with your foster dog in areas such as basic obedience and house training? [ ] Yes [ ] No

Have you had any experience in introducing new adult dogs into your household? [ ] Yes [ ] No If yes, please describe how this was accomplished: \_\_\_\_\_

Although we always disclose any known behavior and/or aggression issues about a dog, are you willing to accept the risk of a dog bite to yourself, another person or animal while this dog is in your care? [ ] Yes [ ] No

Are you willing to supervise any children under 10 around your foster dog AT ALL TIMES? [ ] Yes [ ] No

Please describe the type(s) of foster dogs you are willing to have in your home, i.e. seniors, puppies, pregnant, intact(until neutered) male, female, special needs dogs or describe what you would definitely NOT want. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many dogs are you willing to foster at one time? \_\_\_\_\_ (on occasion there may be a pair who need to remain together if possible)

Is there a preferred activity level for a dog you would want to foster? \_\_\_\_\_

Please describe your level of experience as a dog owner, and provide an honest assessment of your abilities to recognize and deal with any problem behaviors a foster dog might exhibit. Mention any personal experiences you may have had (i.e. barking, growling, possessiveness of food or toys, chewing, digging, jumping, lack of house training, etc.):

**\*\*Submission of form does NOT guarantee placement of a foster dog**

Volunteer's Signature AND Date

Name: Signature \_\_\_\_\_

Date: \_\_\_\_\_