## Foster Home Application

Foster Home Application	
Full Name	
Address	
City	
State Alabama •	
Zip	
Email	
Best Phone Contact Number	
Occupation	
Ages and sexes of children in the home:	
Elderly person (s) living with you?	
How long have you owned dogs?	
Please list types, sexes, neutered/spayed, and ages of pets:	

	,
Environment you are able to provide a foster dog:  City  Suburban  Rural	
Where will the dogs be while you are at work?	
Do you own crates for your pets? Yes No	
Do you have a fenced yard? Yes No	
Do you routinely walk your dog(s) on a leash? ○ Yes ○ No	
Have you ever completed an obedience class with a dog(s)? ○ Yes ○ No	
Are your dog(s) on heartwormpreventative?   Yes  No	
Do you understand that the foster dog must live in your home as a loved family member?  Yes No	
American Eskimo dogs need to be groomed and/or brushed once a week and have daily exercise requirements. Do you understand these needs, and are you prepared to meet them?  Yes No	

Do you understand that you must arrange vet visits and transportation?
<ul><li>Yes</li><li>No</li></ul>
Do you understand that you are expected to administer medication or treatment?  Yes No
Do you understand that socialization is needed?   Yes  No
Do you understand that no physical punishment is to be used and that you will contact the foster home coordinator if behavior problems arise?
○ Yes ○ No
Please use this space for any additional information you feel is necessary.
I/we acknowledge that all information contained in this application is true and correct. I/we understand that any misrepresentation of fact may result in removal of the Foster dog from my home by American Eskimo Rescue St. Louis
By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of this Adoption Process
Date
Please return completed Foster application to:

http://eskierescuestl.org/home/?page\_id=1199

American Eskimo Dog Rescue St. Louis P.O. Box 190523 St. Louis, MO 63119