



PO Box 3689, Cranston, RI 02910
 Tel: (800) 296-3265 E-mail: CRLNEfosterdirector@gmail.com

FOSTER HOME APPLICATION

NAME:				
MAILING ADDRESS:				
PHYSICAL ADDRESS (if different):				
PHONE NUMBER:				
MOBILE NUMBER if different			Your preferred method of contact _____	
E-MAIL ADDRESS:				
YOUR AGE RANGE(s): 18-25 _____ 26-34 _____ 35-45 _____ 46-65 _____ 65+ _____ <i>Please check all that apply in your family</i>				
Does anyone in your household have allergies to dogs?				
Do you have a fenced yard or pen? YES _____ NO _____ Type of fence _____ Height of fence _____				
Have you ever owned dogs? _____				
Do you currently own any dogs? _____				
If yes, do they get along well with other dogs?				
Please list the dogs currently in your household:				
Name	Breed	Age	Neutered? Yes	No

How many foster collies can you accommodate at a time?
If you are approved for fostering, would you like to be included in helping to choose the adoptive home?
Have you ever trained a dog for obedience? _____ What level? _____
Are you willing to be a permanent foster home for an older dog that may be with us for a while or may never be adopted out?
Are there children in your home? Yes _____ No _____
How many _____ What are their ages? _____
Are there cats in your home? _____ How many? _____
Do they get along with dogs?
Are there any other pets in your home (i.e. ferrets, rabbits, gerbils, birds, etc.) or farm animals that the foster collie would be exposed to? Yes _____ No _____
What type of pet(s)? _____
Would you like to receive regular monthly reimbursement of \$30 per foster dog for food during the time when a dog is placed with you? Yes _____ No _____ (You can change your mind for each foster dog.)
Do you belong to any dog clubs or rescue/humane organizations? Yes _____ No _____
Please list them for us:

List three personal references and your usual veterinarian:

Name:

Phone or e-mail:

Name:

Phone or e-mail:

Name:

Phone or e-mail:

Veterinarian:

Phone or e-mail:

I agree to abide by the rules and regulations of the Collie Rescue League of NE, Inc. as set forth in the Bylaws and Foster Home Manual. I understand that if I fail to provide proper care for my foster collie(s), my right to foster will be revoked. I understand that it may be necessary to euthanize a foster collie for severe behavior or health problems at the expense of CRLNE and after consultation with the League's Executive Director or his/her designee.

Signature: _____

Date: _____

Please feel free to include any additional information that you feel is pertinent on a separate sheet of paper.