



Dog Foster Care Application

*Thank you for filling out this application.
Your information will remain confidential, used only as part of the MBC Foster Care Program.*

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/Cell phone: _____

Email: _____ How did you hear about us? _____

HOUSEHOLD:

How many people are in your household?

Adults over the age of 21 (including self): _____ Ages: _____ Children (under 21): _____ Ages: _____

Does anyone in the household have allergies to dogs? Yes No If yes, who? _____

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

Do you: OWN RENT LEASE How long have you been at this address? _____

If renting/leasing, are there pet restrictions? YES NO If yes, what are they? _____

Landlord's name _____ Landlord's phone _____

If renting, we will contact your landlord to ask if fostering animals in your home is acceptable.

Please list all of your current pets:

Please use back of application if you run out of space. We recommend all other animals in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of fostering animals with your veterinarian.

SPECIES	BREED	NAME	AGE	SEX	ALTERED?	HOW LONG?
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Who will be the primary caretaker of your foster dog(s)? _____

Describe your yard: *MBC foster dogs and puppies must be supervised at all times when outdoors.*

No yard Unfenced yard Partially fenced yard Completely fenced yard

Height of fence: _____ Made of? Wood Chain link Brick Other _____

If you don't have a fenced in yard, do you agree to keep your foster dog on the leash/collar/harness system that we provide ONLY, at all times outside and do you understand the importance of this?

Yes No

How would you describe your level of experience with dogs? *check all that apply*

- Had one or more as an adult
- Had one or more as a child
- Have experience working with powerful breeds
- Have experience working with on-going medical problems with a personal dog
- Have experience working at a boarding kennel/resort/pet sitting service etc.,
- Have experience working with behavioral problems with a personal dog
- Have experience working in a veterinary hospital
- Am a professional dog trainer

Have previous rescue/foster experience?. Please explain: _____

Do you have experience with: small dogs medium dogs large dogs

List experience with specific breeds:

What types of dog are you interested in fostering? *Mark an "X" on all that apply*

- Mother with nursing puppies
- Sick dog/puppy
- Dog/puppy with behavioral issues
- Puppies
- Unweaned puppies/Bottle babies
- Injured dog/puppy
- Long-term hospice care

How many hours during the AVERAGE day will this dog spend WITHOUT a human? _____

Where will this dog be when someone is home? _____

Where will this dog be when alone? _____

Where will this dog sleep at night? _____

What situations do you feel unprepared for?

- | | | |
|---|---|---|
| <input type="checkbox"/> Not housetrained | <input type="checkbox"/> Escaping | <input type="checkbox"/> Resource (food/toy) aggression |
| <input type="checkbox"/> Shy/fearful/undersocialized dog | <input type="checkbox"/> Not good with children | <input type="checkbox"/> Not good with other dogs |
| <input type="checkbox"/> Not good with small animals/cats | <input type="checkbox"/> Scratching/biting | <input type="checkbox"/> Administering medications |
| <input type="checkbox"/> Providing on-going training | <input type="checkbox"/> Very high activity level | <input type="checkbox"/> Deaf/Blind dogs |

Do You Have a Preference On:

Size? YES NO If yes, please list size preference: _____

Breed? YES NO If yes, please list breed you prefer or breed you do not want to foster and why:

Age? YES NO If yes, please list age preference: _____

Please tell us anything else you would like us to know to help match you up with the right foster animal and why you want to be a foster parent for Mr. Bones & Co.:

FOSTER CONTRACT ON NEXT PAGE

Please read the following carefully:

Mr. Bones & Company, Inc. determines the criteria for fostering, decides which animals are eligible for foster care, and appoints foster caregivers from a pre-approved list of trained providers. MBC foster care volunteers may always refuse any specific request for any reason. MBC staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.), and any other restrictions or expectations we may have.

You will be expected to keep the animal safe and secure, return it to MBC when requested to do so, and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. We do request that you actively promote the foster dog you have as available for adoption while you are walking with your dog, etc. MBC will provide you with 'adoption networking cards and an 'adopt me' vest for the dog to wear at all times while you are outside. MBC retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption & placement of the animals fostered.

MBC cannot accommodate people fulfilling court-ordered community service within the Foster Care Program. MBC does not accept into this program those convicted of violent crimes or crimes involving animal cruelty or neglect.

MBC, a 501(c)3 nonprofit, covers the cost of all vetting/medical, as well as food, toys, bedding for the dog while it is in the care at a foster home, but contributing purchases towards these costs are always appreciated. Anything a foster parent purchases for the dog in their care is tax deductible and MBC will issue a tax deductible receipt for these purchases at the request of foster parent. In the event the foster parent is not able to transport the animals to and from for veterinary appointments, surgery, behavior evaluations, vaccinations, training sessions, etc., foster parent must make arrangements to accommodate an MBC administrator to be able to pick dog up and transport where dog needs to be for that particular appointment.

I understand that being a foster parent is a serious commitment and I need to be available to foster this dog for as long as it takes to find him/her a permanent loving home- this commitment can be as little as ten days or last multiple months. I agree that I will not make dog-sitting arrangements without letting MBC know and allowing MBC to approve this. I agree that I will not leave this dog at home alone overnight for more than one night at a time and in this instance, arrangements for a walker/care will be made and I will not do this without the express permission from MBC. If I live in New York City, I agree that I will not take this dog out of my neighborhood, for the exception of long walks/jogs with the dog, without letting MBC know of any planned trips/travel with this dog.

I agree that I will NOT bring this dog to a dog run/dog park with unleashed dogs without the direct permission of MBC. I agree that this dog will never be outside unleashed unless in a secure, fenced in area. I agree that I will contact MBC immediately in the event of any emergency with this dog and will follow instructions of MBC. I understand that I may not seek medical care for this dog without informing MBC first. The 24 hour emergency number is 917.297.9135.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although MBC takes reasonable care to screen animals for foster care placement and will provide 100% full disclosure about any dog I elect to foster, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which MBC has asked me to provide care. I acknowledge that MBC is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

Signature Date

Witnessed By Date

Return Application to:
Mr. Bones & Co.,
Attn: Dog Foster Care Program,
1123 Broadway, Ste 1003
New York, NY 10010
(917) 297-9135

Email: info@mrbonesandco.org