Southern Comfort Maltese Rescue Foster Application

PERSONAL INFORMATION

Name:	Age:	
Address (no P.O. Box #):		
City, State, Zip Code:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Employer Name and Add	ress:	
Occupation and Job Title	:	
Spouse or Life Partner N	ame: Age	r.
Spouse or Life Partner E	mployer Name & Address:	
Email Address:	Work Phone:	Cell Phone:
		a provide Full Name, Age & Relationship nomes to foster that have children 10 years or
List all children and their	ages who visit your home (gr	randchildren, neighbors, etc.):
		oing medical conditions or physical limitations ering a new dog? Yes No If yes, please
Are all family members in	agreement with the decision	n to foster?
Do you own your home?	Yes 🗌 No 🔲	
Do you rent? Yes ☐ N	lo ☐ House ☐ Apartm	nent 🗌 Condo 🔲 Townhouse 🔲 Other 🗌
If renting, does your pern number.	nit pets? Yes 🗌 No 🗌 Plea	ease provide the landlord's name and phone
Do you have a fenced ya Including material it is ma	•	Yes No If yes, describe your fence,
Are your dogs always su	pervised when they are outsi	ide? Yes 🗌 No 🗌 If No explain:
If there is no fence, how	do you plan to potty your fost	ter dog?
Do you have a pool? Y	es 🗌 No 🗍 If yes, is it	fenced separately? Yes \(\square\) No \(\square\)

Page 1 of 3 10/23/09

PET HISTORY

Yes, please give a brief description of each one (dog / cat, breed type, weight, spayed / neutered, temperament, etc). Have you ever fostered dogs before? Yes ☐ No ☐ If yes, what group were you working with? Can you isolate the foster dog from your other pets initially or in the event that they cannot get along? Yes ☐ No ☐ How? Do you ever use a crate or Xpen for your pets? Yes \(\square \) No \(\square \) When? How many hours a day will the foster dog be alone? Where will the foster dog be kept when you are gone? Where will the foster dog sleep at night? Do your other dogs have any medical issues? Are your dogs / cats current on shots and vaccinations? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) Do you test for heartworm every year and on heartworm preventative medication? Yes No Which heartworm preventative medication? Do you use flea preventative on your dogs? Yes \(\subseteq \ \ No \(\subseteq \) If Yes, how often and which one? FAMILY / LIFESTYLE Is everyone in your family agreeable to you fostering this dog? Yes \(\subseteq \text{No} \subseteq \text{Who is not?} \) If you go on vacation, who will take care of the Maltese? Will you pick up a dog from a home or shelter if that is needed? Yes No How far are you willing to travel to pick up a foster dog? Are you willing to participate in transport if one of our dogs needs to be moved across state(s)? Yes ☐ No ☐ There may be times when you are asked to foster more than 2 Maltese. Are you willing to do this? Yes No No Will you accept a permanent foster Maltese? Yes ☐ No ☐ CARE of MALTESE Do you understand the temperament, socialization, grooming, health issues and proper care of a Maltese? Yes ☐ No ☐ Do you understand that the foster dog must live in your home as a loved family member and is not an outside dog? Yes No If you have to pick up a dog that is coming into our rescue care, it may have ticks and fleas; have an illness or infection and badly matted hair. Are you prepared to deal with such a situation, to treat, care for, bathe and groom this Maltese? Yes ☐ No ☐

Describe previous pets and what happened to them. Do you currently own other pets? Yes No If

Do you realize that you may have to foster for months of to be placed? Yes \(\square\) No \(\square\)	r an indefinite time until the dog is ready or able
Foster homes may have to deal with behavior issues. T training, excessive barking, fear of children, submissive Dogs that come from a puppy mill may have very differe surrendered by an owner. Do you feel you are capable a Yes \(\sigma\) No \(\sigma\)	wetting, marking territory or nipping at heals. Int behavior patterns than dogs that are
Do you understand that you are expected to administer a Yes No No	any medication or treatment the dog may need?
If the dog has aggressive tendencies through fear or dor the situation and able to help retrain the dog? Do you ha	
Maltese need to be brushed several times a week if their Yes No (SCMR cannot pay for grooming expensions)	
Do you understand that you are expected to review appl forever home for your foster dog? Yes \sum No \sup \square	lications and participate in the selection of the
PERSONAL REFERENCES Please give us the names of two (2) personal references	s (not relatives):
Name: How do you know this person?	Phone:
Name: How do you know this person?	Phone:
Southern Comfort Maltese Rescue will contact your vete to our call and give permission for us to discuss your past	
Veterinarian Business Name:	
Phone Number:	
Address:	
City, State, Zip Code:	
All the information in this application is true and correct. conditions herein. I understand that any misrepresentation provide Maltese foster care or the removal of the foster of the removal of	
Signed:	Date:
Return this Foster Application with your signature to: Southern Comfort Maltese Rescue, PO Box 2005 Chattanooga, TN 37409	

10/23/09 Page 3 of 3