



5710 66 Ave. Taber, AB. T1G 0B8  
taberlostpaws@gmail.com  
(403) 360-6448

## FOSTER HOME APPLICATION

Fostering a dog requires time and dedication. Everything that TLPS does is in the best interest of the animal in our care. It is important that you understand that the process is the same for everyone and we do require a lot of information.

After completing this application a TLPS representative will review your application, check your references, and complete a home check. Please be patient with this process as we are all volunteers.

In order to be considered for a TLPS Foster Home you must meet the following requirements.

- Be 18 years of age.
- Have valid identification with proof of address.
- Have consent from your landlord if you are not the owner of the property.
- Have a fully fenced yard or large space for the dog.

### What type of Foster Home would you like to provide?

Short Term (Medical Care)  Long Term (Until Adopted)  Foster to Adoption

### Applicant Information

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First Name	Last Name	Phone Number	Email
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Address	City/Town	Postal Code
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**Housing Status:**  Rent  Own **Type of housing:**  House  Apartment  Townhouse\Condo

Is your yard fully fenced?  No  Yes – What type of fencing? \_\_\_\_\_ Height of fencing? \_\_\_\_\_

### Household Members

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Full Name	Age	Full Name	Age
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Full Name	Age	Full Name	Age
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Full Name	Age	Full Name	Age
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**Are all household members aware and consenting to this application?**  Yes  No

Is anyone in the household allergic to pets?  Yes  No



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**Employment Status:**  Full/Part Time Employment  Retired  Student  Other

**What is your current occupation?** \_\_\_\_\_

**Does it require extensive travel?**  Yes  No **How many hours will the dog be alone in a day?** \_\_\_\_\_

**Where will the dog be kept when it is alone?** \_\_\_\_\_

**When household members are home, where will the dog be kept during the day and at night?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there times when the dog will be tied up?**  Yes  No **Do you have a dog house?**  Yes  No

**Do you have other pets in your home?**  No  Yes (If yes, please list their information below)

1. \_\_\_\_\_  Male  Female  Spayed/Neutered  
Name Breed Age

Personality: \_\_\_\_\_

2. \_\_\_\_\_  Male  Female  Spayed/Neutered  
Name Breed Age

Personality: \_\_\_\_\_

3. \_\_\_\_\_  Male  Female  Spayed/Neutered  
Name Breed Age

Personality: \_\_\_\_\_

4. \_\_\_\_\_  Male  Female  Spayed/Neutered  
Name Breed Age

Personality: \_\_\_\_\_



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Are your pets vaccinated?  Yes  No (If no, please explain the reason below)

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Please describe any information your feel TLPS should know about your current pets and household members or our lifestyle so that we can make sure that this foster dog is right for you.

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Have you ever surrendered a dog?  No  Yes (If yes, please explain the reason below)

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What are you able to provide for the foster dog?

- Food  Food/Water Dishes  Leash/Collar  Kennel/Crate  Toys  Treats  Bed/Bedding  
 Basic Training  Grooming

Please list any past experiences you have with animals or volunteering that you think will be beneficial for TLPS to know.

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When you are traveling in a vehicle, where will the dog be? \_\_\_\_\_

When you are on vacation, who will care for the dog?

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How much time a day will you be spending with your dog? \_\_\_\_\_

What type of exercise will you provide for the dog and how frequently?

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**References**

Please provide 3 references for TLPS to contact about your application.  
Only one may be a relative or family member.

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

- I agree that all the information I provided is accurate and true.
- I agree to keep the foster dog in my personal possession and to provide sufficient food, water, shelter, grooming and humane treatment at all times.
- I will inform TLPS of any health problems or behavioral issues that occur with the foster dog.
- I understand that the dog is not to run at large, even in designated off leash areas unless area is securely fenced and the dog will always be under direct supervision.
- I understand that TLPS will pay for medical expenses due to health, but I am responsible for injuries incurred through my own fault. (ie – step on paw – trip over dog)
- I understand that TLPS is the owner of the foster dog until time of adoption.
- TLPS reserves the right to remove the dog at any time.
- I understand that if I did not apply to adopt a TLPS dog and choose to do so post application during the time of my temporary fostering, I will need to follow proper procedures and may not intervene with a potential adoption of the dog.
- I understand if I am a temporary foster to a TLPS dog, I am not able to participate in the potential adoption of the dog. (ie - Meeting of the adopter, contact with the adopter, review of application, ect.)
- I will not hold TLPS responsible for any destructive or aggressive behavior exhibited by the foster dog, or for any other problems that may arise pursuant to its foster care.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date