

The Wilbur Project Inc.

Dog-Foster Application

Thank you for your interest in fostering a dog. Fostering provides temporary care and helps dogs transition into permanent homes. Please complete this application as thoroughly as possible.

Applicant Information

Full Name/DOB: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Occupation: _____

Employer: _____

Work Schedule: _____

Household Information

Residence

- Own
- Rent
- Live with family/friends

If renting, landlord/property manager name and phone number:

Do you have permission to foster pets?

- Yes
- No

Household Members

Please list all adults and children living in the home.

Name	Age	Relationship
------	-----	--------------

Are all household members aware of and supportive of fostering a dog?

- Yes
- No

Current and Previous Pets

Current Pets

Name	Species/Breed	Age	Spayed/Neutered	Vaccinated
------	---------------	-----	-----------------	------------

Are your current pets friendly with other animals?

SAVING AT RISK DOGS

Veterinary Reference

Clinic/Veterinarian Name: _____

Address/Phone Number: _____

Previous Pet Experience

Have you fostered or owned dogs before?

- Yes
- No

If yes, please describe your experience:

Foster Preferences

What size dog are you comfortable fostering?

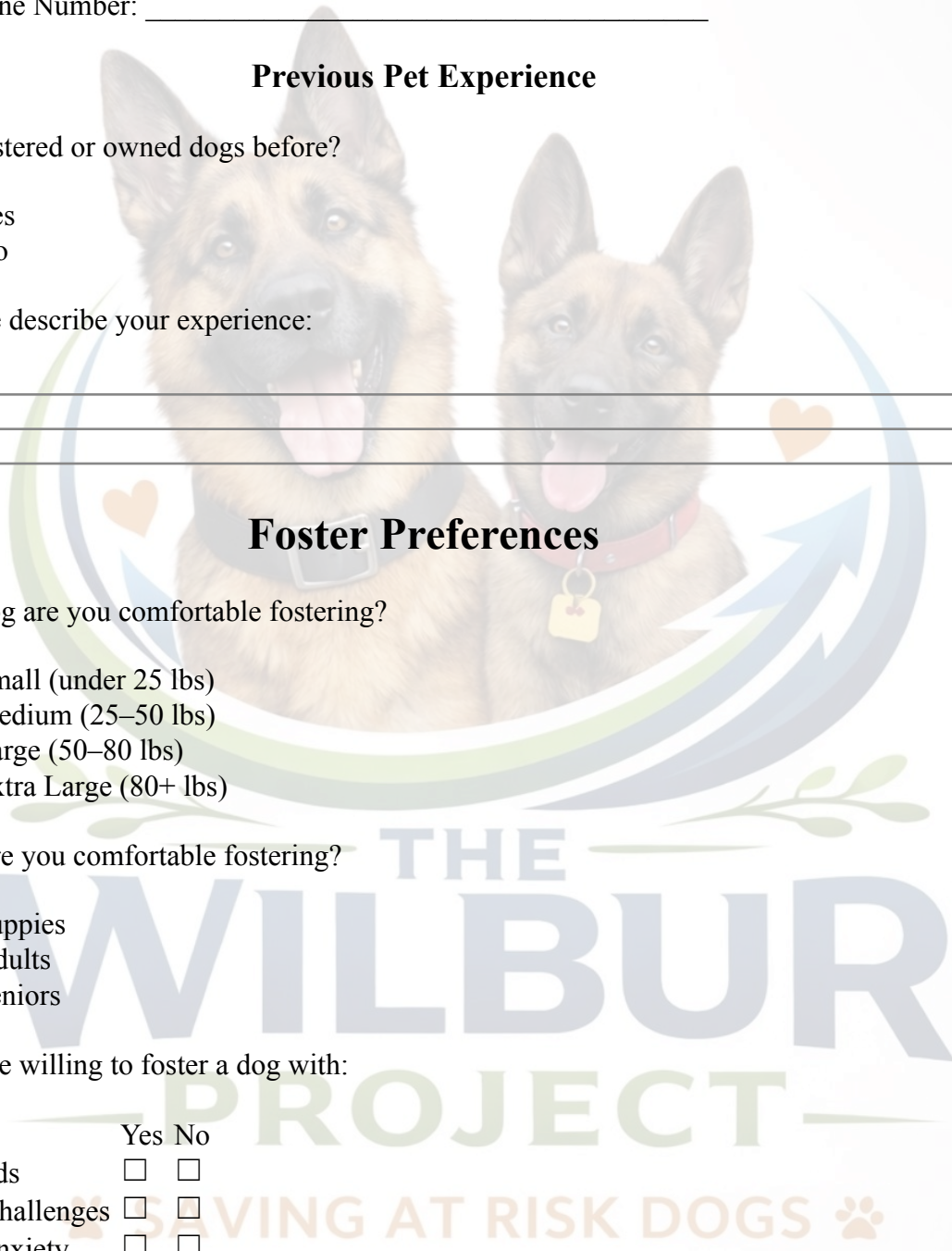
- Small (under 25 lbs)
- Medium (25–50 lbs)
- Large (50–80 lbs)
- Extra Large (80+ lbs)

What ages are you comfortable fostering?

- Puppies
- Adults
- Seniors

Would you be willing to foster a dog with:

Condition	Yes	No
Medical needs	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral challenges	<input type="checkbox"/>	<input type="checkbox"/>
Separation anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Special dietary needs	<input type="checkbox"/>	<input type="checkbox"/>



Daily Care and Environment

How many hours per day will the foster dog typically be alone?

Where will the foster dog stay during the day?

Where will the foster dog sleep at night?

Do you have a fenced yard?

- Yes
- No

If yes, please describe:

How do you plan to exercise the foster dog?

Transportation and Emergencies

Do you have reliable transportation for veterinary appointments and adoption events?

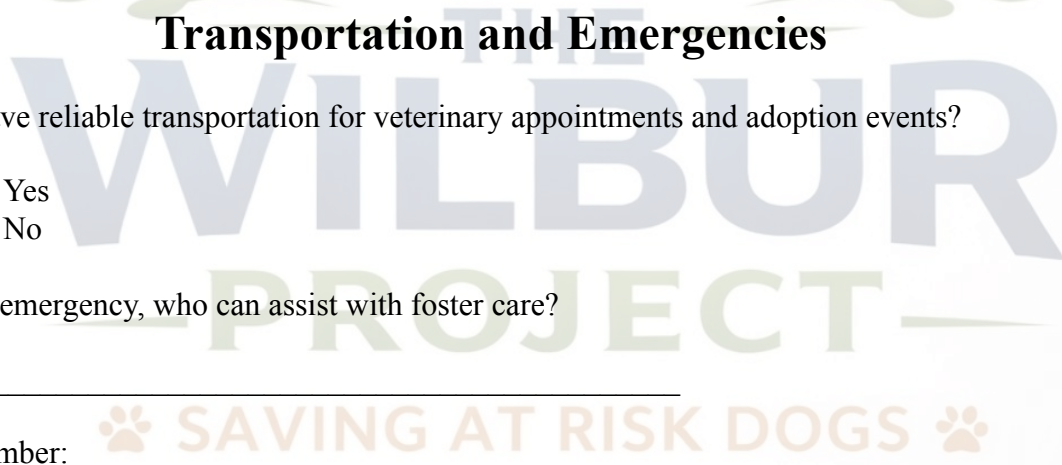
- Yes
- No

In case of emergency, who can assist with foster care?

Name: _____

Phone Number: _____

Relationship: _____



References

Please provide two personal references.

Reference 1

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Reference 2

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Organization Use Only

Application Reviewed By: _____

Date Reviewed: _____

- Approved
- Denied
- Pending

Notes:

 SAVING AT RISK DOGS 