PERSONAL AND HOUSEHOLD INFORMATION

Applicant Name:

Date of Birth:

Co-Applicant (if applicable)

Date of Birth:

Street Address:

City, State, Zip:

Email Address:

Home Phone:

Cell Phone:

What is your occupation?

How long have you been at your current job?

Employer:

Work Phone:

Work Address:

Work City, State, Zip:

Who shares your household?
(Check all that applies)

- ☐ Spouse
- ☐ Significant Other
- ☐ Children
- ☐ Roommate
- ☐ Live Alone

If you have children, what are their ages?

Does anyone in your household have allergies to animals? ☐ Yes ☐ No

If Yes, how will this be managed?

What type of home do you live in?

☐ House ☐ Townhouse / Condo ☐ Duplex / Triplex
☐ Apartment ☐ Other
If other, explain:

Do you own or rent? ☐ Own ☐ Rent ☐ Live with Parents

If you rent, do you have written permission to have animals in your home? ☐ Yes ☐ No

If you rent, please provide your landlord's name and phone number

Name:

Phone:

If you rent, do you share your yard with any other tenants? ☐ Yes ☐ No

Do you have a completely fenced yard? ☐ Yes ☐ No

What type of fence?

☐ Brick / Cinder Block
☐ Privacy Wood
☐ Picket / Slotted Wood
☐ Chain Link
☐ Invisible
☐ Other If other, please explain:

☐ No Fence

What is the height of your fence (at the lowest point)?

Which of the following is used to secure your gate:
(Check all that applies)

☐ Latch
☐ Keylock
☐ Deadbolt
☐ Padlock

Do not lock the gate because:

Do you have a gardener, house keeper or pool cleaner? ☐ Yes ☐ No

If yes, where will the dog be while they are working?

Do you trust the workers not to let the dog out? ☐ Yes ☐ No Explain:

Do you have any poisons (rat, mouse, or snail bait) where the animal will be kept? ☐ Yes ☐ No

Is someone home during the day? ☐ Yes ☐ No If yes, who?

PET CARE AND OWNERSHIP

How many hours will the dog be alone during the day?

If you work full time away from home, what are your plans for the dog during that time away?

Where will the dog be kept during the day?

Where will the dog be kept during the night?

Do you currently have any pets? ☐ Yes ☐ No

If Yes, please provide the following information:

Current Pet 1: Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender ☐ Male ☐ Female

Neutered/Spayed ☐ Yes ☐ No

Current on Vaccinations ☐ Yes ☐ No

How do you feel this pet will adjust to a new animal?

Current Pet 2: Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender ☐ Male ☐ Female

Neutered/Spayed ☐ Yes ☐ No

Current on Vaccinations ☐ Yes ☐ No

How do you feel this pet will adjust to a new animal?

Current Pet 3: Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender ☐ Male ☐ Female

Neutered/Spayed ☐ Yes ☐ No

Current on Vaccinations ☐ Yes ☐ No

How do you feel this pet will adjust to a new animal?

Current Pet 4: Type of Pet (Dog, Cat, Bird, etc.)

Breed

Age

Gender ☐ Male ☐ Female

Neutered/Spayed ☐ Yes ☐ No

Current on Vaccinations ☐ Yes ☐ No

How do you feel this pet will adjust to a new animal?

Which of the following would you use for flea control?
(Check all that applies)

- ☐ Flea Spray
- ☐ Flea Bath
- ☐ Flea Collar
- ☐ Herbal Flea Collar
- ☐ Flea Busters
- ☐ Flea Comb
- ☐ Program, Advantage or Frontline

What is a behavior that would not be acceptable to you?

What method of discipline will you use if your dog chews up your favorite shoes?
(Check all that applies)

- ☐ Swat nose
- ☐ Spank with hand
- ☐ Spank fanny with newspaper
- ☐ Stern voice
- ☐ Scruffing
- ☐ Other: Explain

What method do you intend to use to housetrain your dog?

In which of the following situations would you allow your dog off leash?
(Check all that applies)

- ☐ Public Park
- ☐ Hike
- ☐ Beach
- ☐ Neighborhood Walk
- ☐ My front yard
- ☐ Dog Park
- ☐ Other: Explain

Please provide us with 2 personal references:

Personal Reference 1 Name and Phone

Name:

Phone:

Personal Reference 2 Name and Phone

Name:

Phone:

Are you willing to have a representative from Tazzy Animal Rescue Fund
come to see where the pet will be living? ☐ Yes ☐ No

If no, why?

How did you hear about Tazzy Animal Rescue Fund?

Would you like to be added to our mailing list? ☐ Yes ☐ No

Do you have any comments or additional information that you feel is necessary in consideration for becoming a foster family?

X_____
Signature

X _____
Printed Name

X _____
Date