

Rocket Dog Rescue Prospective Foster Questionnaire

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SECTION 1. PERSONAL INFORMATION

Name: _____ Age (for information only) ____ Under 18 ____ 18-30 ____ 30+
Occupation _____ Employer: _____
Email addresses _____
Telephone numbers _____
Driver license or other permanent ID number: _____

SECTION 2. HOUSEHOLD INFORMATION

- Home address (Street, Number, City, State, Zip): _____
Mailing address (if different) _____
- How many TOTAL OTHER PEOPLE live in your household? _____
For OTHER PEOPLE, please answer the following (Continue in Section 6 if needed)
Name _____ Age _____ Relationship to you _____
Name _____ Age _____ Relationship to you _____
Name _____ Age _____ Relationship to you _____
- Is everyone in the household in favor of fostering dogs? YES / NO: please explain _____
- Does anyone in the household have pet allergies? YES / NO If yes, who? _____
- Describe your home: ____ House ____ Condo ____ Apartment ____ Other _____
____ Owner ____ Renter ____ Sub-let ____ HOA member ____ Co-op member ____ Other: _____
____ Front door opens to street ____ Front door opens into courtyard or entryway
____ No Yard ____ Unfenced Yard ____ Partly Fenced Yard ____ Completely fenced yard
____ Yard with Dog Run: describe dog run: _____
- FOR CONDO: Do HOA rules allow pets? ____ Any breed/size restrictions? _____
Please attach copy of applicable restriction/permission pages.
- FOR RENTALS: Landlord's name and telephone number: _____
Please attach Landlord's written permission or applicable rental agreement page(s).
- Describe your yard: Size: _____ feet by _____ feet Surface (grass, stone, etc.) _____
Height of fence: _____ feet made of? wood, chain link, brick, other: _____
Number of gates: ____ Do all gates have locks? ____ Do gates open to street? ____
- Who has access to your yard, besides you (such as: gardener, pool cleaner, children, utility company, roommates, people in other units, other dogs, other pets): _____

SECTION 3. EXPERIENCE

- How many TOTAL OTHER PETS currently live in your household? _____
For OTHER PETS, please answer the following (Continue in Section ____ if needed)
Name _____ M/F Breed-description _____ Age ____ Weight ____ Neutered Y/N
Name _____ M/F Breed-description _____ Age ____ Weight ____ Neutered Y/N
Name _____ M/F Breed-description _____ Age ____ Weight ____ Neutered Y/N
Name _____ M/F Breed-description _____ Age ____ Weight ____ Neutered Y/N
- How would you describe your level of experience with dogs? ____ Never had a dog ____ Had childhood pet dog
____ Had one or more dogs as an adult ____ Have experience with ____ small ____ medium ____ large dogs
____ Have experience with specific breeds _____
____ Professional dog trainer or dog-related business or professional: please explain: _____

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____ Previous foster or rescue experience - Rescue organizations you have worked with before: _____

3. If you have children, please describe their experiences with dogs _____

4. Other than any pets listed in Question 1, when did you last have a dog? _____

That dog's name _____ M/F Breed-description _____ Weight _____ Neutered Y/N

Dog's age when you first met _____ How did you come to have that dog? _____

What happened to the dog? _____

5. If you have ever had an animal that required major surgery, or had a medical condition that required medication for a long period of time, please describe your experience with that animal, and the outcome of the treatment: _____

6. How long have you been thinking about fostering? _____

7. What are your main reasons for wanting to foster? _____

SECTION 4. PLANNING FOR A PROSPECTIVE FOSTER DOG

1. Fosters require investment of both time and money. Can you provide grooming, proper diet, shelter and exercise for a foster dog? ☐ Yes ☐ No Can you take a dog for vaccinations and to the vet? ☐ Yes ☐ No
2. Do you believe you are able to make a commitment to care for a foster dog placed in your care, until the dog is permanently placed with an adoptive home, whether this takes days, weeks, or months? ☐ Yes ☐ No
3. Are you willing to follow suggestions of Rocket Dog Rescue regarding type(s) of food, times of feeding, and amount of food for a foster dog? ☐ Yes ☐ No

4. Who would bathe, trim the toenails, brush, and groom the foster dog? _____

5. Will you use flea control recommended by Rocket Dog Rescue? ☐ Yes ☐ No

6. Where would a foster dog go potty (dog-litter box, paper pads, paper in room, in its crate, in the dog run, outside in yard, while being walked) _____

9. Describe how you would plan to house-train a foster dog: _____

10. Would a foster dog in your care wear a collar with identification tags at all times? ☐ Yes ☐ No

If no, please describe when a collar would not be worn: _____

11. Are any rooms in your house off-limits? _____ If so, how would you keep a foster dog out of the room(s)? _____

12. Where would a foster dog generally sleep at night? _____

13. Where would a foster dog usually spend the day (inside, outside, other: describe) _____

14. What are your daily work hours away from home? _____

15. How long during each workday would a foster dog be without you? _____

16. Where would a foster dog stay while you are at work? _____

17. Would anyone else be at home with a foster dog while you are working? ☐ Yes ☐ No

If yes, who? _____

18. Would you plan to use a dog walker, a pet sitter, or a dog daycare facility to care for a foster dog while you are working? ☐ Never ☐ Sometimes ☐ Regularly

19. How would you plan to provide care for a foster dog while you are on vacation:

____ pet sitter ____ dog boarding facility ____ Other: _____

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20. If you have prior experience with a dog walker, daycare facility, pet sitter, or boarding facility. please provide the name of the service provider and tell about your experience(s) with them: _____
21. How often and in what way would you plan to exercise a foster dog? (dog park, hiking trails, neighborhood walks, dog walker, other) _____
22. When and where would a foster dog in your care be allowed off lead (no leash)? _____
23. Would you enroll a foster dog in obedience or good citizen group classes if needed, and attend the class yourself? __Yes __No If no, how would you plan to train a foster dog? _____
24. Describe how you think you would discipline a foster dog _____
25. Are you willing and able to administer medication orally, topically, or by injection as prescribed for ongoing or newly discovered medical conditions? __Yes __No

SECTION 5. RESCUED DOGS: LESS-THAN-PERFECT

1. Are you willing to live with the following behaviors, either occasionally or regularly, that can “come with” a foster dog, and that may or may not be affected by time & training (check all that you think you could live with occasionally or regularly)

| | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Hair on your furniture? | <input type="checkbox"/> | Stains on your floor/rugs? | <input type="checkbox"/> |
| A dog on your furniture? | <input type="checkbox"/> | A dog not good with cats? | <input type="checkbox"/> |
| A dog who loves only you? | <input type="checkbox"/> | A dog not good with men? | <input type="checkbox"/> |
| A dog not good with children? | <input type="checkbox"/> | A dog not good with women? | <input type="checkbox"/> |
| A dog who barks? | <input type="checkbox"/> | Dog destruction (chewing)? | <input type="checkbox"/> |
| A dog that fears larger dogs? | <input type="checkbox"/> | A dog not good with other dogs? | <input type="checkbox"/> |
| Dog poop on the floor? | <input type="checkbox"/> | A dog that lifts his leg to mark inside? | <input type="checkbox"/> |
| Special medical needs | <input type="checkbox"/> | Administration of medicine or other medical treatments for ongoing medical conditions | <input type="checkbox"/> |

- 2.. Which of the following reasons might prompt you to stop fostering a particular dog?

| The dog's | | Your | |
|-------------------------------|--------------------------|---|--------------------------|
| Excessive barking | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Biting | <input type="checkbox"/> | Moving | <input type="checkbox"/> |
| Fighting with other dogs | <input type="checkbox"/> | Divorce | <input type="checkbox"/> |
| Digging, plants & yard damage | <input type="checkbox"/> | New spouse/partner does not like foster dog | <input type="checkbox"/> |
| Destructive chewing | <input type="checkbox"/> | Financial problems | <input type="checkbox"/> |
| Growling at guests | <input type="checkbox"/> | New child | <input type="checkbox"/> |
| Shedding | <input type="checkbox"/> | Care of elderly parent | <input type="checkbox"/> |
| Dog poop or Lifts leg indoors | <input type="checkbox"/> | Costs of food, grooming, training | <input type="checkbox"/> |
| Aggressive on leash | <input type="checkbox"/> | Other costs associated with foster dog | <input type="checkbox"/> |
| Jumps fence / escapes dog run | <input type="checkbox"/> | Other pet not adjusting well to foster dog | <input type="checkbox"/> |
| OTHER: | <input type="checkbox"/> | OTHER: | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | None of the above | <input type="checkbox"/> |

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3. If a behavioral problem arises, will you seek help from, and accept advice of Rocket Dog Rescue, including referral to a trainer? ☐Yes ☐No

4. If you have ever worked with dog trainer(s) before, please list the name(s) and describe your experience(s) with them _____

5. Please describe your limitations regarding foster dogs (check or describe all that would apply):

- | | |
|---|---|
| <input type="checkbox"/> Number of dogs could foster at same time _____ | <input type="checkbox"/> Need transportation help |
| <input type="checkbox"/> No non-spayed females | <input type="checkbox"/> No non-neutered males |
| <input type="checkbox"/> No special medical needs | <input type="checkbox"/> Special medical needs okay |
| <input type="checkbox"/> Blindness okay | <input type="checkbox"/> Deaf okay |
| <input type="checkbox"/> Very shy or timid okay | <input type="checkbox"/> Bity or fearful okay |
| <input type="checkbox"/> Puppies okay | <input type="checkbox"/> Elderly okay |
| <input type="checkbox"/> Must not hate cats | <input type="checkbox"/> Must be okay with children |
| <input type="checkbox"/> Certain personalities preferred _____ | |
| <input type="checkbox"/> Certain breeds preferred _____ | |
| <input type="checkbox"/> Certain breeds/types NOT okay _____ | |

Please describe any other limitations that could make a particular dog good for you to foster, or difficult/impossible for you to foster: _____

SECTION 6. CONTINUING / ADDITIONAL INFORMATION (AS NEEDED)

Signature _____

Date _____

Please email this completed form to _____

For Rocket Dog Rescue Use

Reviewed by _____ Date: _____ Status: _____

Notes: