



Foster Parent Application

About You and Your Family:

Primary Caregiver Name (s): _____

Street Address: _____

City, State, Zip: _____

Phone #'s: (H) _____ (Cell) _____

(Work) _____

Email Address(es): _____

Occupation(s): _____ Hours Worked Per Week: _____

List names and ages of all household members: _____

List any other pets you have (name, breed, age, spayed/neutered, length of time owned) _____

Are all the other animals in your home or care, fully vetted and up to date on all vaccinations?

Yes _____ No _____

Veterinarian's Name: _____

Address: _____

Phone: _____ Email: _____

What type of area do you live in?

Rural - approximate size of yard: _____

Suburban - approximate size of yard: _____

Urban - approximate size of yard: _____

Briefly describe your home (Square footage, 2 story, upstairs apartment etc...) _____

Please describe your fencing, including height, type, and portion of yard fenced: _____

If you rent, has your landlord given written permission to have a dog? Yes____ No____ N/A _____

Landlord or Rental Management Company Name: _____

Address: _____

Phone: _____ Email: _____

Do you have any experience with the Border Collie breed? If yes, please describe: _____

About the dog you wish to foster:

Is there a particular dog in whom you are interested? If so, which one? _____

Do you need your foster dog to be good with children under 12 years old? If yes, what ages of children will your dog come in contact with on a regular basis? _____

Please describe the dog's living quarters, where will they sleep, eat, spend time during the day and at night, left when no one is home, playtime, mental stimulation and exercise opportunities etc. and the general day to day routine for you and your dog. _____

What age dog do you prefer to foster? (Check all that apply):

<6mos. 7 mos-2yrs 2-5yrs. >5yrs Senior No Preference

Do you have any preference of gender?

Female Male No Preference

Would you accept a Border Collie mix? Yes_____ No_____

Have you previously adopted companion animals from a shelter or rescue group? Yes_____ No_____

If yes, name of shelter or rescue group _____

General Dog Responsibility and Care

Who will bear the primary responsibility for feeding, exercising and training for the dog? _____

Where will the dog be kept during the day or when no one is at home? (check all that apply)

- Crate
- Inside house
- Porch

- Fenced Yard
- Kennel or Run
- Garage
- Tied Outside
- Free roaming in an unfenced area

Other _____

Where will the dog be kept at night? (check all that apply)

- Crate
- Inside house
- Porch
- Fenced Yard
- Kennel or Run
- Garage
- Tied Outside
- Free roaming in an unfenced area

Other _____

On average, how many hours a day will your dog spend alone? _____

What arrangements would be made for this dog during times of travel for vacation etc....? _____

If applicable, what brand of dog food do you currently feed your dog(s)? _____

Dog/Applicant Compatibility

If you are interested in a specific dog, our director will discuss with you the dog's personality, temperament and activity level to help determine if the dog is an appropriate fit for your home. **The board members of Clancy's Dream Border Collie Rescue retain the right to confirm, redirect, or deny any application for fostering and/or adoption.**

Do any members of your household have any known allergies to animals: _____

What will you do if the dog displays unwanted behavior such as barking, digging, chewing, etc?

Are there any concerns, questions or time limits for fostering _____

Signature(s) of all members of the home over the age of 18

To submit this application, please scan and email completed form to *clancysdream@gmail.com* or mail to Ken and Elaine Shuck, 8092 Heathers Pass, Seymour, IN 47247

Clancy's Dream, Inc. is staffed entirely by unpaid volunteers. If a volunteer does not contact you within one week of submitting this application, please email our Application Coordinator at *clancysdream@gmail.com*