

# FOSTER HOME QUESTIONNAIRE

## PART 1A: FOSTER PET INFORMATION

<b>CAT</b>	<b>DOG</b>		<b>M</b>	<b>F</b>		
<b>Species</b>	<b>Pet's Name</b>	<b>Color / Breed</b>	<b>Sex</b>	<b>Age</b>	<b>Weight</b>	

## PART 1B: YOUR INFORMATION

<b>Name (Last, First)</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone (Home)</b>	<b>Phone (Work or Cell)</b>	<b>Email</b>		

Tell us about your foster. What is special, interesting, unusual, endearing about him or her? What would you want someone to know if they were considering adopting him or her?

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Tell us what medical care your foster has received to date.

- Rabies Vaccination. Tag #: \_\_\_\_\_ Date: \_\_\_\_\_ Administered By: \_\_\_\_\_
- Baby Shots – First Round. Date: \_\_\_\_\_ Administered By: \_\_\_\_\_
- Adult Shots – First Round. Date: \_\_\_\_\_ Administered By: \_\_\_\_\_
- Booster Shots. Date: \_\_\_\_\_ Administered By: \_\_\_\_\_
- Bordetella (Kennel Cough). Date: \_\_\_\_\_ Administered By: \_\_\_\_\_
- Parvovirus. Date: \_\_\_\_\_ Administered By: \_\_\_\_\_
- Heartworm Test. Date: \_\_\_\_\_ Result: \_\_\_\_\_
- Heartworm Preventative. Brand: \_\_\_\_\_ Monthly Date of Dose: \_\_\_\_\_
- Flea/Tick Preventative. Brand: \_\_\_\_\_ Monthly Date of Dose: \_\_\_\_\_
- Fel Leukemia/AIDS Test. Date: \_\_\_\_\_ Result: \_\_\_\_\_
- Deworming. Date: \_\_\_\_\_ Brand: \_\_\_\_\_
- Spay/Neuter. Date: \_\_\_\_\_ Surgical Facility: \_\_\_\_\_

**Other Treatment/Care:**

Has the dog exhibited aggression (growling, snarling, snapping, etc.) towards:

Men	Yes	No	N/A	Teenagers	Yes	No	N/A
Women	Yes	No	N/A	Male Dogs	Yes	No	N/A
Children	Yes	No	N/A	Female Dogs	Yes	No	N/A
Toddlers	Yes	No	N/A	Cats/Other Pets	Yes	No	N/A

If "Yes" to any of these, would you describe the aggression as food-related, territorial or fear-related? Please explain, giving as much information as possible:

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Does the dog show any shyness with people (i.e. hiding or running away)? Yes No

If "Yes", is the shyness specific to a particular gender or age group? Yes No

Please explain:

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When you leave the house or room does the dog exhibit any signs of Separation Anxiety (i.e. excessive barking, whining, urinating/defecating in the house, destructive behavior)? Yes No

If "Yes", please explain:

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Does the dog show fear of thunderstorms, cars, vacuums, loud or unusual noises, etc.? Yes No

If "Yes", please explain:

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Does the dog ride well in cars? Yes No

How much does the dog drool? A lot Moderate Some Very little

How much does the dog bark? A lot Moderate Some Very little

How much does the dog shed? A lot Moderate Some Very little

Is the dog housetrained? Yes No

If "No", please indicate the specific problem:

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Are you using a crate? Yes No (How long is dog generally crated? \_\_\_\_\_)  
If "Yes", please describe the dog's reaction to crating:

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Does the dog eat well? Yes No

Are there particular foods which seem to cause the dog problems? Yes No  
If "Yes", please explain:

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Does the dog gulp or bolt his food too quickly? Yes No

Does the dog steal food? Yes No

Please indicate what you've been feeding, how often, and in what amounts:

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Have you noticed any health problems while the dog is in your care? Yes No  
If "Yes", please explain:

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Does the dog enjoy walking? Yes No

Does he/she pull on the leash? Yes No

How does the dog react to handling and grooming:

- |   |     |    |                |
|---|-----|----|----------------|
| a) Can you brush him/her?                           | Yes | No | Have not tried |
| b) Can you clean the ears without a struggle?       | Yes | No | Have not tried |
| c) Can you clip the dog's nails without a struggle? | Yes | No | Have not tried |

Does the dog appear to know basic commands?

- |                           |       |    |
|---------------------------|-------|----|
| a) Sit?                   | Yes   | No |
| b) Heel?                  | Yes   | No |
| c) Down or Stay?          | Yes   | No |
| d) Other (please specify) | _____ |    |