



Pug Rescue Network

Internal Information

Date Received:	_____
Date Completed:	_____
Final Result:	_____

FOSTER HOME APPLICATION

Page 1 of 7

PERSONAL INFORMATION

Name: _____

Spouse / Partner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone # _____

Work Phone #: _____ Can we call you at work? YES / NO

Email Address: _____ (Required) Are you over 21? YES / NO

Your Current Employer: _____

Spouse/Partner's Current Employer: _____

Does either job require frequent out of town travel? YES / NO

Please list three personal references not living with you:

Name:	Address:	Relation:	Phone:
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How did you hear about the Pug Rescue Network? _____

YOUR HOME

Please select the style of your home: Single Family Duplex / Condo

Apartment Mobile Home Other: _____

How long have you been at this address? _____ If less then two years

please provide your previous address: _____

Please describe your neighbor hood: City Suburb Country / Rural

If renting / leasing, have you confirmed if pets are allowed? YES / NO / NOT SURE

If renting, Do you have roommates? YES / NO

Landlord Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

If renting / leasing, please send a copy of your lease with this application.

Is your yard fenced? _____ If no, how do you plan to contain your Pug when outside?

Do you have a pool or spa? _____ If yes, what style? _____

Is it fenced? _____ Type of fence? _____

Do you have a balcony? _____ If Yes, What is the distance between the rails? _____

Do you have stairs? _____ If Yes, Are any stairs open backed? _____

Will you reinforce or enclose areas if we request? YES / NO

Is your home safe from poisons or other dangers? YES / NO / NOT SURE

Is your home air conditioned? YES / NO

What is the activity level in your house hold? Quiet Active Moderately Active Very Active

Do you have an area to isolate a dog for health reasons? YES / NO

YOUR FAMILY

Please indicate the number of adults living in the home: _____

If you have children / step children living with you please list their name and age: _____

How many years have you been involved with pugs? _____

Have all members of the household agreed to foster a Pug? YES / NO / Haven't Discussed it

Are any members of the household allergic to dog hair or dander? YES / NO / NOT SURE

Do you have any step children or grand children allergic to dog hair or dander? YES / NO

Please list the current pets you own:

Species	Breed	Sex	Spayed / Neutered	Age	Years with household	indoor / Outdoor

Please list **ALL** pets you have owned / raised in the past five(5) years with outcome. (ie death, gave away, etc)

Will your current pets accept a new dog? _____

If yes, How did your pet react? Favorably / Difficult Adjustment / Indifferent

How would you characterize your pets (dominant, submissive, playful, etc.)? _____

Do you have any special skills (trainer, vet, showig, breeding, etc.)?

Have you ever fostered a dog for any type of humane organization or rescue group before? If yes, who?

Do you plan on moving within the next year? If yes, please explain.

How will you handle a medical emergency?

GENERAL QUESTIONS

Do you know what your city or county ordinance is on animals?

According to the city or county ordinance how many animals are you allowed?

Have you ever owned a Pug before?

What is your main goal by becoming a member of our rescue group?

If your foster Pug does something wrong, what method of correction will you use?

Are you able to transport your foster Pug to our vet for vet appointments?

Do you have access to the internet to update your foster Pugs profile?

Foster care for a rescued Pug can last up to six months or longer. Can you make that kind of commitment?

What kind of arrangements are you willing to make for your foster if you need to go out of town?

ABOUT FOSTER PUGS

When you are not home, how will you confine your foster Pug?

What are your thoughts on crate training?

How many hours do you anticipate your foster Pug will be home alone per day?

Would you consider a special needs Pug, such as one that requires daily medication or one that is deaf?

Would you consider fostering a Pug with a disability?

Would you consider fostering more than one Pug?

Who will be in charge of the daily care of the foster Pug?

Where will the Pug sleep?

Will you foster a Pug that is not house trained?

PUG HEALTH

What type of food do you plan on feeding your foster Pug?

You realize that a Pug requires special attention to eye care?

Did you know Pugs overheat easily?

How will you prevent overheating?

If your foster Pug chewed a personal item, how would you react?

Do you know that a Pug needs constant cleaning of the wrinkles on its face?

Pugs are prone to ear infections. Do you know how to clean a dogs ears?

Do you know how to clip dogs nails?

Are you prepared to keep your foster crated if going through heartworm treatment?

PREFER TO FOSTER

I am looking to foster...

Check all that apply:

<input type="checkbox"/> Regular Foster	<input type="checkbox"/> Short-term Foster	<input type="checkbox"/> Emergency Foster
Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Young Puppy (3-6 months) <input type="checkbox"/>		Puppy (6-24 months) <input type="checkbox"/>
Adult (2-7 Years) <input type="checkbox"/>		Senior (8-12 Years) <input type="checkbox"/>
Special Needs <input type="checkbox"/>		Bonded Pair <input type="checkbox"/>

Doesn't matter I am willing to foster any Pug in need?

Do you have experience in the following categories?

<input type="checkbox"/> Housetraining	<input type="checkbox"/> Crate Training
<input type="checkbox"/> Caring for sick animals	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Heartworm Treatment	<input type="checkbox"/> Obedience Training

Please note additional information/skills that will assist us in finding the proper foster pet for you:

Page 6 of 7

If you have any comments that would assist us in evaluating this application, please feel free to send an additional page.

I have answered all questions and have included a copy of current and past vet records. I understand that my application will be reviewed by the PRN board members and will be notified in writing of any questions, concerns, and/or their decision to approve or deny my application.

Further, I also understand and authorize an inspection of my home by an authorized Pug Rescue Network representative for the purpose of evaluating this application.

All information I have provided on this application is true to the best of my knowledge.

**PUG RESCUE NETWORK
FOSTER NETWORK
1590 CHANTICLAIR CR.
WIXOM, MI 48393**

Signed: _____ Print Name: _____

Spouse / Partner's Signature: _____ Print Name: _____

Date: _____



Pug Rescue Network

Reference Application # _____

VETERINARY RECORDS RELEASE

Page 7 of 7

Name of Veterinarian: _____
 Name of Clinic: _____
 Clinic Address: _____
 City: _____ State: _____ Zip: _____
 Clinic Phone: _____
 Clinic Fax: _____
 Clinic Email: _____

Client Name: _____
 Pet(s) Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

You, and any person associated with you, are hereby authorized to give to the Pug Rescue Network of Michigan or any representative or appointee thereof, any and all information which may be requested regarding the physical condition, and treatment rendered by you for any/all animals owned by me and if necessary, to allow them, or any veterinarian appointed by them, to examine any records which you may have regarding the condition or treatment of any/all animals owned by me. Also authorized is the release of any records or other information pertinent to or resulting from the physical condition of any/all animals owned by me. A copy of this authorization may serve instead of the original.

Signature: _____ Print Name: _____

Date: _____

Please mail a copy of my vet records to:

**PUG RESCUE NETWORK
 VET INFO
 1590 CHANITCLAIR CR.
 WIXOM, MI 48393**

Please return this form with your vet records.