



Foster Application

After you have read the description of our [foster home program](#), please complete the questions below, sign, and return to *BlueMoon Meadows, Inc.*, using one of the methods at the end of the form. Thank you for helping us with this greatest of rescue needs.

Name: _____

Address: _____

(Apt. #): _____

City: _____ **State:** ____ **Zip:** _____

Home Phone with Area Code: _____

Occupation: _____

Work Phone with Area Code: _____

Mobile Phone with Area Code: _____

E-mail: _____

1. Do you live in a house? _____ Apartment? _____ Condo? _____

Do you rent? _____ Own? _____

If you rent, do you have the landlord's permission to keep a dog? _____

[Please attach the form to your application]

If you rent, do you understand the dog must be exercised on a leash in a safe place? _____

Do you have a yard? _____ Is it fenced? _____

What type of fencing? _____ chain _____ wood _____ other (please describe)

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2. Is someone home during the day? _____ Please explain:

3. What provisions will be made for your foster if nobody is home during the day?

Loose inside? _____ In crate? _____

4. Where will the pet sleep? Please explain:

5. Please explain your responses below. During the last two years:

- a) Have you lost a pet (not through death)?
- b) Have you had one poisoned?
- c) Have you had an animal killed by a vehicle?
- d) Have you had an animal die due to disease?

If yes, what did the animal die of?

6. Do you have children at home? Yes _____ No _____ Number: _____ Age(s): _____

7. Do you have other pets at home? Yes _____ No _____ Number: _____ Ages(s): _____

If Yes, are the pets altered? Yes _____ No _____

[Due to the many health benefits accruing from spaying and neutering, as well as to prevent accidental litters, we require that all resident pets must be neutered/spayed.]

If Yes, are the pets vaccinated and on heartworm preventative? Yes _____ No _____

If Yes, do your pets get along with other dogs? Yes _____ No _____

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8. BlueMoon will provide all medical care, heartworm and parasite preventative. Are you prepared to assume the responsibilities of feeding, bathing, grooming, and caring for your rescue, including emotional rehabilitation for a traumatized dog and crating for a dog going through heartworm treatment? Yes _____ No _____

9. Will you follow all veterinarian instructions provided and administer all prescription medications and H/W preventative to your foster? Yes _____ No _____

10. Are you prepared to keep your foster crated if going through H/W treatment? Yes _____ No _____

11. Are you prepared to assume the responsibilities of contacting BMM officials for any medical emergencies? (For example, if a dog is going through Heartworm treatment and begins throwing up and becomes listless, this may be an emergency). Yes _____ No _____

12. Do you agree that BMM Coordinators make all medical decisions for our program dogs?
Yes _____ No _____

13. Will you let BMM officials know if you are planning to take your foster out of state for family visits or recreation? Yes _____ No _____

14. Though BMM does not accept vicious dogs into our program, we do not know the histories of some of our rescues. Are you prepared to contact BMM immediately if your foster dog bites anyone or injures another pet? Yes _____ No _____

15. Will you walk/exercise the dog regularly, and allow the dog indoors? Yes _____ No _____

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16. Foster parents are encouraged to maintain an 'aunt' or 'uncle' relationship with the dog in their care; but it does occasionally happen that the foster parent and dog bond so completely that adoption into this home is best for the dog and family, which we would be happy to work with. Do you understand that if you wish to adopt your foster, you must complete the adoption papers and pay the adoption donation? Yes _____ No _____

20. Are you willing to allow a *BlueMoon Meadows* representative to visit your home by appointment? Yes: _____ No: _____

21. Name and phone number of your Vet:

I hereby authorize the veterinarian named herein to release information about me or my pet(s) to BlueMoon Meadows, Inc. as necessary to evaluate this application.

22. How did you hear about *BlueMoon Meadows*?

Internet Search _____

Vet, Clinic, or Shelter Referral _____ (Name: _____)

Breeder _____ (Name: _____)

Dog/Obedience Club _____ (Name: _____)

Another Rescue Group _____ (Name: _____)

Friend/Neighbor _____

Other _____ (please explain)

I am in full agreement with the *BlueMoon Meadows Foster Care Responsibilities*.

By signing below I am attesting to the truthfulness of my answers.

Date: _____ Signature: _____

Questions: Call Dee @ 585-624-9328. Please print, complete, and mail to:

BlueMoon Meadows

1919 Honeoye Falls #6 Road

Honeoye Falls, NY 14472