



## APPLICATION FOR FOSTERING

Please save this PDF to your computer first before editing. You must edit the PDF file on your computer (and not the web browser) in order to save your changes.

When complete, add your name to the file name and email to [mercercaninrescue@gmail.com](mailto:mercercaninrescue@gmail.com).

First Name:		Last Name:	
Street Address:			
City:	State & Zip:	Mailing address (if different):	
Home Phone:		Cell Phone:	
Work Phone(s):		Email Address:	
Are you 21 years old or older?		Do you have a car?	

Do you own or rent?
Renters, please provide Landlord's name/phone:
Do you have the permission of your landlord to keep a dog? If so up to what size?

Size preference (small – under 25lbs, medium – 25-50lbs, larger – over 50lbs):	
Breed preference:	
Gender (Male, Female, Either):	Desired Activity Level (High, Med, Calm):
Any other trait preferences (level of shedding, training, barking, etc):	

Family members or roommates names and ages (including children):
Will the dog be allowed in the house?
How long daily will the dog be left alone (without humans)?

Where will the dog stay when you are away from the house?

Are you familiar with the use of a dog crate to train the pet during your absence or at night?

**Please list all the most recent pets you own or have owned:**

Species (dog/cat)	Sex	Spayed/ Neutered	What happened to the pet? Please add pet's name (vet check reasons).

**Please provide the full name, City, State, and phone number (very important) of your current veterinarian.**

Name:	Phone:
City:	State & Zip:

Any additional information that you would like to share:

I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we understand that completion and submission of this application does not guarantee adoption of a dog.

Applicant's Signature		Date:	
Co-applicant's Signature		Date:	