



SAN FRANCISCO SAMOYED RESCUE, INC.
P.O. Box 4215, San Rafael, California 94903
www.sfsr.org rescue@sfsr.org
Voicemail only: 888-677-SAMS (7263)
"Bridging the Gap Between Homelessness and a Loving Family"

SFSR Foster Home Application

Thank you for your interest in becoming a foster home for San Francisco Samoyed Rescue, Inc.
The information you provide on this application will help us match you up with an appropriate foster dog.

Name: _____

Spouse's/Partner's Name: _____

Evening Phone: _____ Daytime Phone: _____

Email Address: _____

Street Address: _____

Number of people living in your household:

(This helps us match dogs to the appropriate home environment for their needs, for example, a dog that isn't good with young children, or is overly exuberant and potentially dangerous for an elderly person, etc.)

Name (optional)	Age	Sex

Number of pets living in your household:

Type of Animal (dog, cat, bird, hamster, etc.)	How Many?	Sex (M/F) (Dogs only)	Age (Dogs only)	Issues (doesn't like male dogs, etc.)

Do you have any restrictions on the type of dog you can foster? If yes, please specify (ex: only females, no puppies, etc.) _____

What prior experience do you have with dogs? (number of dogs you've had, ever attended obedience class, handled puppies or sick dogs, etc.) _____

Have you owned or fostered a Samoyed before? _____

What do you know about caring for a Samoyed and about the Samoyed personality?

How will the dog be exercised? _____

Have you crate-trained a dog? _____

Where will the foster dog primarily be kept? _____

How will the foster dog be maintained when you are at work and on vacation? _____

How will the dog be exercised? _____

Do you agree that the foster dog will be allowed access inside your home? Yes___ No___

Do you agree to maintain the grooming of the foster dog? Yes___ No___

Do you agree to take the foster dog to the veterinarian when required and administer any medication or treatment necessary? Yes___ No___

Do you agree to keep in contact with SFSSR and inform us of any problems or issues concerning the foster dog? Yes___ No___

Do you agree to contact a SFSSR officer for approval before spending more than \$200.00 on the foster dog (excluding day-to-day expenses such as dog food)? Yes___ No___

Please sign and date:

Signature: _____ Date: _____