



**SAN FRANCISCO SAMOYED RESCUE, INC.**

P.O. Box 4215, San Rafael, California 94913

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Voicemail: (650) 758-7722

*"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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's/Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 SF SR and inform us of any problems or issues concerning the foster dog? Yes\_\_\_ No\_\_\_

Do you agree to contact a SF SR 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: \_\_\_\_\_