



Foster Care Questionnaire

If you are interested in providing foster care for the Hawaii Dog Foundation, please fill out this form and send it to: **Hawaii Dog Foundation, P.O. Box 30171, Honolulu, HI 96820**. Fostering is a very important part of our rescue program. This is a comprehensive questionnaire, which may seem formal, but it is necessary for the safekeeping of our dogs.

(please print)

Date: _____ Referred to HDF by: _____

PERSONAL INFORMATION

Name: _____ Age: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Occupation and Position Title: _____

Employer Name and Address: _____

Why do you think you are a suitable candidate to provide foster care for a rescued dog?

YOUR FAMILY

List all other adults and children living in your home: (use extra space on back if needed)

Full Name _____ Age _____ Relationship: _____

Full Name _____ Age _____ Relationship: _____

What concerns have been voiced by other family members about providing foster care?:

YOUR HOME

Do you own? Yes No House Condo Townhouse Farm Other:

Do you rent? Yes No House Apartment Condo Townhouse Other:

If renting does your landlord and/or tenants' association permit pets? Yes No

Do you have a fenced yard attached to your home? Yes No

If yes, describe your fence. What type is it and what is the area available to the dog?

If there is no fence, how do you plan for the dog to relieve itself?

Do you have a pool? Yes No If yes, is it fenced separately? Yes No

Do you plan to move in the near future? Yes No If yes, When: _____ Off Island? Yes No

PET OWNING HISTORY

Do you own or have you owned a dog before? Yes No

If Yes, where did the dog come from, how long did you have it and what happened to it?

For the dogs you currently own, please provide the following information about each dog:
Age, Gender, Altered? Breed, How long have you had the dog, general temperament

1. _____
2. _____
3. _____

Can you isolate the dog from the other animals if they cannot get along? Yes No

Do you ever crate your pets? Yes No Why? _____

How many hours a day will the foster dog be without people? (Be realistic)

Where will this dog be kept when you are gone?

Where will the foster dog sleep at night?

How often do you plan to walk or exercise the dog?

Are your dog(s) current on shots and vaccinations? Yes No

Do you test for heartworm every year? Yes No

Are they on heartworm medication? Yes No

Do you use flea preventative on your dogs? Yes No

YOUR LIFESTYLE

Is everyone in your family willing to help with the care of this dog? Yes No

If you are away for a few days or go on vacation, who will take care of the dog?

CARE OF THE FOSTER DOG

As you prepare to answer the following questions we want you to understand that a HDF representative will be available to guide and assist you if you need help. It is important for you to understand that you will not be alone once you have a foster dog in your home. You will be in constant contact with a coordinator or other representative.

Do you understand that the foster dog must live in your home as a loved family member?

Yes No

Do you realize that the foster dog should not be closed off in a separate room from your family?

Yes No

Do you understand that no physical punishment is to be used on this dog and that you will contact a HDF representative if behavior problems arise? Yes No

Do you realize that some foster dogs may have been abused and you will be expected to help the dog learn to trust humans again? Yes No

Do you understand that you are expected to contact a HDF representative if you need help with any problem? Yes No

PERSONAL REFERENCES

Please give us the names of two (2) personal references (not relatives):

Name: _____ Phone: _____

How do you know this person? _____

Name: _____ Phone: _____

How do you know this person? _____

Please use this space for any additional information you feel is important.

All the information in this questionnaire is true and correct, and I understand and agree to abide by the terms and conditions herein. I understand that any misrepresentation of the facts may result in my not being approved to provide HDF foster care or the removal of the foster dog from my home by HDF.

Signed: _____ Date: _____

Please return this questionnaire with your signature to: Hawaii Dog Foundation, P.O. Box 30171, Honolulu, HI 96820, or email it to info@hawaiidogfoundation.org. (electronic signatures are accepted)

You will be contacted by an HDF member for a telephone interview and a home visit, if possible.

If you have any questions or concerns about our foster care program, please call us at 782-8387.

Thank you for your interest in helping our rescued animals.