

Heart Bandits

American Eskimo Dog Rescue

A Nonprofit Corporation www.heartbandits.com

Foster Home Application

Version 3.1

Thank you for your interest in becoming a foster home for Heart Bandits.

The service our foster homes provide is invaluable to the well being of the rescued dogs.

Your application will give us a better idea about the type of home that you will be able to provide while the Eskie is in your care.

Name: _____

Spouse's Name _____

Address: _____

City: _____ State/Prov: _____

Postal Code: _____

Mailing Address, if different from above

Address: _____

City: _____ State/Prov: _____

Postal Code: _____

Email Address: _____

Daytime Phone: _____

Evening Phone: _____

Occupation: _____

Spouse's occupation: _____

Number of other people living in your home: _____

Name:	Age	Sex

Please list current pets Provide month and year (mm/yy) of last DHLPP, rabies and heartworm check.

Name:	Age	Sex	Breed	DHLPP	Rabies	Heartw

Veterinarian: _____

Vet Clinic Name: _____

Address: _____

City: _____ State/Prov: _____

Postal Code: _____

Telephone: _____

What is your past experience with dogs? (how long have you owned dogs, have you attended obedience classes, etc.)

Have you ever owned an American Eskimo Dog? Please explain:

What environment are you able to provide a foster dog? (City, Suburban, Rural)

Do you have a fenced area, yard or kennel? If so, please describe the area.

Do you own a dog crate, food & water bowls, leash, bath items, etc.? Please list:

Where will the foster live & sleep? Explain fully:

How will you exercise your foster? How often? Explain fully:

When you must transport your foster, how will the dog be transported?

How will your foster be maintained when you are at work or on vacation?

What is your idea of proper discipline for an American Eskimo Dog?

What is your idea of proper and nutritious food for a dog?

Do you understand that the Eskie must live in your home as a loved family member? Yes No

Are you prepared to meet the grooming and exercise requirements of an Eskie? Yes No

Do you understand that you are expected to administer medication or treatment if needed? This includes taking the foster dog to the Vet when/if needed. Yes No

Do you understand that you are expected to keep in contact with your Chapter Director and to contact Heart Bandits directly if you have any problems Yes No

Additional Information and Comments:

Signed _____

Date _____

Send your completed application to:
Heart Bandits
PO Box 4322
Fresno, CA 93744