

**FOSTER APPLICATION
COCKER SPANIEL RESOURCES, INC.**

P.O. Box 822
Hudson WI 54016-0822

30-0366029

Revised 04/2017

Email: infoCSResources@gmail.com

Toll free fax: 1-866-673-8571

Name:

Date:

Street Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email address:

How did you locate our organization?

- Petfinder
- Pets911
- Adopt-a-pet
- Craigslist _____

Ages of family members:

Family members #1 and #2

Family members (children)

Ages: ____ 18-35 ____ 36-50 ____ 51-91+ Age of #1 ____ Age of #2 ____

Any other family members?

Do ALL family members agree on fostering a cocker spaniel? ____ Yes ____ No

Why do you and your family agree fostering on a cocker spaniel?

How familiar are you with the spaniel breeds?

Do you own or rent?

Do you have a fenced yard? ____ Yes ____ No

If, NO explain how you will monitor this cocker?

Will you provide training? ____ Houstraining ____ Obedience ____ Other

Do you have a crate for crate training? Yes ____ No ____

Have you ever been a guardian for a cocker spaniel? ____ Yes ____ No ____ Male
____ Female If so, what happened to the cocker?

Have you ever surrendered any animal to a rescue or shelter? If Yes, Why?

Are you comfortable with giving oral medications? Rarely do we need to give shots.

What level of foster care are you comfortable providing? (emergency, short term or long term) Emergency ____ (Overnight) Short Term ____ (up to one week) Long Term ____ (6 months or more) Special Needs? ___ Yes ___ No

Are you willing/able to exercise a foster dog daily, care for teeth, grooming, (brushing) and nail trimming? Yes ___ No ___ (Old age, medical problems, deaf, blind, injured or deaf and blind)

Age preference? ____ Baby ____ Young ____ Adult ____ Mature Senior

Do you have any other pets in your home? If Yes, tell us about them.

Current pets spayed and or neutered?

How many hours will the cocker be alone during the day?

Do you agree to a home visit?

Veterinarian's name:

Name of clinic:

Address of clinic:

Phone:

Under whose name are the records listed?

Pet-name:

Years-owned:

Groomer's name:

Name of grooming business:

Phone:

Personal reference:

Name:

Daytime phone:

Evening phone:

2nd personal reference:

Daytime phone:

Evening phone:

Disclaimer: I hold harmless Cocker Spaniel Resources or its agents/officers in connection with any damages, which may be caused by a foster dog in my care in regards to biting, scratching, or otherwise causing injuries or bodily harm to myself, another person, any other pets, and/or property.

I have read this disclaimer and agree with its terms. I have initialed the disclaimer. _____

Additional comments: