



# Foster Parent Application

**About You and Your Family:**

Primary Caregiver Name (s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Occupation(s): \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

List names and ages of all household members: \_\_\_\_\_

\_\_\_\_\_

List any other pets you have (name, breed, age, spayed/neutered, length of time owned)

\_\_\_\_\_

Are all the other animals in your home or care, fully vetted and up to date on all vaccinations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What type of area do you live in?

Rural - approximate size of yard: \_\_\_\_\_

Suburban - approximate size of yard: \_\_\_\_\_

Urban - approximate size of yard: \_\_\_\_\_

Briefly describe your home (Square footage, 2 story, upstairs apartment etc...)

---

---

Please describe your fencing, including height, type, and portion of yard fenced:

---

If you rent, has your landlord given written permission to have a dog? Yes\_\_\_\_ No\_\_\_\_ N/A \_\_\_\_\_

Landlord or Rental Management Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any experience with the Border Collie breed? If yes, please describe:

---

---

---

**About the dog you wish to foster:**

Is there a particular dog in whom you are interested? If so, which one? \_\_\_\_\_

Do you need your foster dog to be good with children under 12 years old? If yes, what ages of children will your dog come in contact with on a regular basis? \_\_\_\_\_

---

Please describe the dog's living quarters, where will they sleep, eat, spend time during the day and at night, left when no one is home, playtime, mental stimulation and exercise opportunities etc. and the general day to day routine for you and your dog.

---

---

---

---

What age dog do you prefer to foster? (Check all that apply):

<6mos.     7 mos-2yrs     2-5yrs.     >5yrs     Senior     No Preference

Do you have any preference of gender?

Female     Male     No Preference

Would you accept a Border Collie mix? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you previously adopted companion animals from a shelter or rescue group? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, name of shelter or rescue group \_\_\_\_\_

### General Dog Responsibility and Care

Who will bear the primary responsibility for feeding, exercising and training for the dog?

---

---

---

Where will the dog be kept during the day or when no one is at home? (check all that apply)

Crate	Fenced Yard	Tied Outside
Inside House	Kennel or Run	Free Roaming with No Fence
Porch	Garage	

Other: \_\_\_\_\_



**Dog/Applicant Compatibility**

If you are interested in a specific dog, our director will discuss with you the dog's personality, temperament and activity level to help determine if the dog is an appropriate fit for your home. **The board members of Clancy's Dream Border Collie Rescue retain the right to confirm, redirect, or deny any application for fostering and/or adoption.**

Do any members of your household have any known allergies to animals:

---

What will you do if the dog displays unwanted behavior such as barking, digging, chewing, etc?

---

---

**Are there any concerns, questions or time limits for fostering**

---

---

Signature(s) of all members of the home over the age of 18

---

---

---

---

**To submit this application, you may do any of the following:**

- a. Fill out the application online and when finished click the "Submit" button found at the top of the page.
- b. Print, scan and email the completed application to *foster@clancysdream.org*
- c. Complete and mail application to Melody Reese, 7665 W. Lincolnway, Larwill, IN 46764

**Clancy's Dream, Inc. is staffed entirely by unpaid volunteers. If a volunteer does not contact you within one week of submitting this application, please email our Application Coordinator at *clancysdream@gmail.com***