**Email:** [**NelroseRescueChicago@gmail.com**](mailto:NelroseRescueChicago@gmail.com)

**FOSTER APPLICATION**

Thank you for your interest in Nelrose Rescue Chicago. We are a group of dedicated volunteers committed to the rescue, fostering, and adoption of former breeder dogs. We believe it is important to be respectful and supportive of all the volunteers in our group. We also work cooperatively with other rescues and shelter groups. As a foster, you will be helping to save the lives of the dogs we rescue and are responsible for sharing our mission with the public. Please note: if you have dogs in your home that are not spayed or neutered, an invisible fence, or you smoke in your home, we will be unable to place a dog with you.

**Instructions for completing this form:**

1. Please enter the required information in each box.
2. Save the document on your hard drive with your LAST NAME in the document title (example: FREMGEN\_Nelrose Rescue Adoption Form)
3. Email the completed document to [NelroseRescueChicago@gmail.com](mailto:NelroseRescueChicago@gmail.com)

| **ABOUT YOU** | Today’s Date |  | |
| --- | --- | --- | --- |
| First Name |  | |
| Last Name |  | |
| Street Address |  | |
| City |  | |
| State |  | |
| Zip |  | |
| Email Address |  | |
| Phone Number |  | |
| Preferred Method of Contact | ☐ Email ☐ Phone | |
| Best time to reach me |  | |
|  | | |
| **ABOUT YOUR RESIDENCE & FAMILY** | | |
| Type of Residence?  *If you live in a rental unit, you will need a letter from your landlord granting authority to have a dog on the property.* | ☐House  ☐Townhouse  ☐Apartment | |
| Do you have a fenced in yard? | ☐ Yes ☐ No  If yes explain: | |
| Does your yard have an invisible fence? | ☐ Yes ☐ No | |
| Do you have restrictions regarding pets in your association or neighborhood? | ☐ Yes ☐ No | |
| Does your city or town have restrictions on the number of pets you can own? | ☐ Yes ☐ No | |
| Do you or anyone in your household smoke?  *Allergies or breathing issues may prevent some of our dogs from being in homes with smokers.* | ☐ Yes ☐ No ☐ Yes, but not in the house | |
| Please list all residents in your home (including yourself) and their ages. |  | |
|  | | |
| **CARE & RESPONSIBILITY FOR YOUR FOSTER** | | |
| *Fostering a dog is a commitment that will require extra time from your including caring for and working with the dog until he/she is adopted. Fostering requires patience and diligence. While Nelrose Rescue will cover all costs, some dogs may require additional vetting, rehabilitation and training.* | | |
| Have you fostered a dog before?  *Previous fostering experience is not required, it does help use match your experience with a dog in need of fostering.* | ☐ Yes ☐ No | |
| If you answered yes, please briefly explain your previous fostering experience and any other rescue organizations you have worked with. |  | |
| How many hours would your foster dog be left alone each day? |  | |
| Are there other pets in your household? (Please provide species, breed, sex, spayed/neutered, and age) |  | |
| Please let us know what the types of dogs you would like to foster. Would you foster dogs with special needs, behavior issues, senior dogs, easy dogs? |  | |
| Gender preference? | ☐ Female ☐ Male ☐ No Preference | |
| Is there any other information you would like to share with us about your desire to foster or the type of dog you would like to foster? |  | |
|  | | |
| **REFERENCES** | | |
| *If you have a veterinarian and groomer, please list them below. If you rent, please include your landlord. Please contact them to let them know they will be called.* | | |
| **Veterinarian Clinic**  First and Last Name  Phone Number  Address |  | |
| **Groomer**  First and Last Name  Phone Number  Address |  | |
| **Landlord (if applicable)**  First and Last Name  Phone Number  Address |  | |