

**Colorado Service Dogs, Inc.  
Foster Home Application**

Name: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Do you live in Colorado? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

If you rent, are dogs permitted? \_\_\_\_\_

If you rent, name & phone of landlord: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Number of people in your household:

Adults: \_\_\_\_\_

Children: \_\_\_\_\_ Ages: \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_

Pet's name: \_\_\_\_\_

Cat // Dog // Other: \_\_\_\_\_

Gender: \_\_\_\_\_ / Age: \_\_\_\_\_

Spayed ~ Yes / No

Neutered ~ Yes / No

Date Last Vaccinated: \_\_\_\_\_

Name Address and phone number of your current veterinarian:

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If you have dogs, are they...

Indoor Only // Indoor & Outdoor // Mainly Outdoors

Where do they sleep at night?

Indoors loose in home // Indoors crated // Outdoors garage // Outdoors dog house

Do your dogs have access to the garage? Yes // No

If the dog(s) have access to the garage,  
do you park your vehicle in the garage? Yes // No

Do you have a dog run? Yes // No

What type of food do you feed your dog(s)?

Dry and Canned Food // Dry only // Canned Only

Which brand(s) of food do you use?

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Tell us about your previous pets:

Pet's name: \_\_\_\_\_

Cat // Dog // Other

Owned how long: \_\_\_\_\_

Why is it no longer with you? \_\_\_\_\_

If the animal died,

Cause of death: \_\_\_\_\_ Age at death: \_\_\_\_\_

Have you ever fostered animals for a service dog organization before?

No // Yes, if so which organization(s) and when

\_\_\_\_\_

Have you ever been rejected as a foster home?

No // Yes, if so which organization(s) and when

\_\_\_\_\_

Why do you want to foster for Colorado Service Dogs, Inc.?

\_\_\_\_\_

\_\_\_\_\_

How long are you willing to keep a foster animal?

\_\_\_\_\_

Do you have a separate area where you would keep a foster dog isolated from yours when you first get the foster dog home? Where?

\_\_\_\_\_

\_\_\_\_\_

Do you have extra dog supplies (dishes, dog bed, collar/leash, etc)?

\_\_\_\_\_

Are you willing and able to bring the animal to the vet for routine vet care?

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Are you willing to have a CSD representative visit your home? Yes // No

Please provide the name and phone numbers of a references

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If you have any questions about the application or our organization, please feel free to email Sharon Davis at [sharon@coservicedogs.com](mailto:sharon@coservicedogs.com) or call her at 720-249-8584.

*The process may take any were from 7 - 10 days,  
since we are all volunteers, so please be patient.*

When you are finished filling out this form, Please mail it to:

**Colorado Service Dogs, Inc.**  
3034 Quarterland Street  
Strasburg, Colorado 80136-7422

or you can fax it to *(please call first)*:  
303-622-9382 or email: [info@coservicedogs.com](mailto:info@coservicedogs.com)

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Print Name

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Sign Name

\_\_\_\_\_, 2009  
Date