

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:

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?

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?

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

Please provide the name and phone numbers of a references

If you have any questions about the application or our program, please feel free to email Lija Day at info@coservicedogs.com or call her at 303-669-5916.

*The process may take any were from 3 - 5 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

Print Name

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Sign Name

Date