

Lap Dog Rescue of New Mexico, Inc

P.O. Box 1316 Tijeras, NM 87059
(505) 934-2202

Animal Foster Care Questionnaire

To be considered for Foster Care you must meet the following:

- Be at least 21 years of age
- Have legal identification with current address (we will confirm)
- Be able to verify you are allowed to have pets where you live
- Be willing and able to bring the foster to adoption clinics when held
- Be willing and able to meet with LDRNM representatives in order to transfer the animal
- Be willing to surrender the animal upon request
- LDRNM has the right to refuse any person at any time

Animal desired _____ DOG _____ PUPPY

Name of Animal _____ Description _____

Name of Foster Parent _____

Address _____

_____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

How long have you lived at this address? _____ Do you _____ Own _____ Rent

_____ House _____ Apartment _____ Military _____ Mobile Home _____ Condo

Name/Phone of Landlord if renting or leasing _____

If renting or leasing will you provide written permission from the landlord to have pets? _____

Occupation _____ Employer _____

Valid ID _____ Exp. Date _____

Have you had any pets in the past? _____ Yes _____ No

How long did you have the pet? _____ What happened to the pet? _____

Do you have any pets now? _____ Yes _____ No

If YES please list _____



Are they Spayed/Neutered? _____ Yes _____ No

Do you have a fenced yard? _____ Yes _____ No Type _____ Height _____ ft

How many hours a day will the pet be left alone? _____

Where will the pet stay during the day? _____ Night? _____

How will your new foster be confined to the property? Check all that may apply:
_____ In House _____ Kennel _____ Fenced Yard _____ Chained _____ Garage/Patio

Do you realize you may need to housebreak your pet? _____ Yes _____ No

How will you exercise your foster? _____

Would you be able to take your foster to obedience classes if we determine that the animal may need to go? (when approved and paid for by LDRNM) _____ Yes _____ No

Will your dog ride in an open pickup truck? _____ Yes _____ No

Number of adults in household? _____ Do any members of the household have allergies? _____

Number of children living in home OR visiting on a regular basis _____ Ages _____

Have these children been exposed to animals before? _____

Are you willing to have a LDRNM representative to do a home visit prior to fostering?
_____ Yes _____ No

I certify the answers to this questionnaire to be true and that any false information may result in nullifying the foster agreement.

Signature _____ Date _____

Application reviewed by _____ Date _____

Identification verified by _____ Date _____

Comments (may be continued of reverse of this form):

