

# Pug Rescue of Florida, Inc. Foster Home Volunteer Application

**Email:** Pugrescueofflorida@gmail.com (quickest turn around time)  
**Fax:** 888-255-4971  
**Mail:** P.O. Box 316, Windermere, Fl 34786

**PLEASE PRINT ... PLEASE PRINT ... Fill out completely ... PLEASE PRINT ... PLEASE PRINT ...**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **ALTERNATIVE/CELL #** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**SPOUSE'S/PARTNER'S NAME:** \_\_\_\_\_ **SPOUSE'S/PARTNER'S EMPLOYER:** \_\_\_\_\_

**CURRENT VET INFO: (PLEASE CONTACT YOUR VET AND GIVE THEM PERMISSION TO RELEASE INFO. TO PROOF)**

**VETERINARIAN:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY, ST, ZIP:** \_\_\_\_\_

Do you **OWN** \_\_\_\_\_ or **RENT** \_\_\_\_\_ your home? Check one and complete applicable information below:

**IF YOU RENT:**

- Please check with your Landlord before applying to ensure you are able to have a pet or another pet and any fees associated with same.
- Let your Landlord know we will be contacting them, as well.
- Provide Landlord's Name \_\_\_\_\_ **Phone #** \_\_\_\_\_

**IF YOU OWN** (Please check on these before applying to adopt):

- Do you have a Home Owners Assoc., with restrictions on pets? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the County or Community you live in have limits on the number of pets you are allowed to have? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever owned a dog before? **Y** \_\_\_\_\_ **N** \_\_\_\_\_ **A Pug?** **Y** \_\_\_\_\_ **N** \_\_\_\_\_

What happened to your previous pets (*be specific*)?

How long will your foster(s) be left alone on a regular basis (for work, etc.): **Number of Hours:** \_\_\_\_\_

Where will the foster(s) stay when you are gone: **Crate** \_\_\_\_\_ **Kitchen/bath behind kid gate** \_\_\_\_\_ **Free run of house** \_\_\_\_\_ **Other** \_\_\_\_\_

If, you will be gone for more than 6 hours at a time, will you be using a dog walker? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have a Doggie Door? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have a fenced yard? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, please describe below (type, is yard fully enclosed, is it escape proof?):**

Do you have a swimming pool? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, is the area pug safe, i.e., baby fence, no access to pool when humans gone, etc., please describe safety measures in place:**

Do you currently have children? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**If yes, please list names & ages. (Also include any regular visitors such as step children, grandchildren, etc.).**

If no children, are you planning on having them in the future? Yes \_\_\_\_ No \_\_\_\_

Does anyone in the home have any known allergies to dogs? Yes \_\_\_\_ No \_\_\_\_ if yes, please explain.

Please list the following for all animals currently in the home: Breed; age; gender; County License numbers (include County name)

Are all pets up to date on their vaccines? Yes \_\_\_\_ No \_\_\_\_ if not, explain why not.

Do your present dogs receive the Kennel Cough Vaccine (Bordatella)? Yes \_\_\_\_ No \_\_\_\_ If not, explain why not.

Have all current pets, been spayed or neutered. Yes \_\_\_\_ No \_\_\_\_ If not, explain why not.

Are you against having your current pets spayed or neutered? Yes \_\_\_\_ No \_\_\_\_ If YES, explain why.

If you have cats, are they declawed? Yes \_\_\_\_ No \_\_\_\_

Regarding current pets:

Name of the Heartworm Preventative you use: \_\_\_\_\_ Date last applied: \_\_\_\_\_

Name of the Flea Preventative you use: \_\_\_\_\_ Date last applied: \_\_\_\_\_

Regarding your preference on the type of rescue pugs you're willing to foster:

Do you have a preference? 1. Male \_\_\_\_ Female \_\_\_\_ Either \_\_\_\_ 2. Housebroken \_\_\_\_ Not housebroken \_\_\_\_ Either \_\_\_\_

What AGE pug are you willing to foster?

\_\_\_\_\_ under 1 year \_\_\_\_\_ 1-3 years \_\_\_\_\_ 3-5 years \_\_\_\_\_ 5-7 years \_\_\_\_\_ 7+ years \_\_\_\_\_ No preference

Can you take a special needs pug: Yes \_\_\_\_ No \_\_\_\_ Or a senior pug? Yes \_\_\_\_ No \_\_\_\_ or a mix? Yes \_\_\_\_ No \_\_\_\_

Please mark what you are able to provide for your foster dog:

Food: Yes \_\_\_\_ No \_\_\_\_ Crate: Yes \_\_\_\_ No \_\_\_\_

Harness/Leash: Yes \_\_\_\_ No \_\_\_\_ Shampoo: Yes \_\_\_\_ No \_\_\_\_

Toys: Yes \_\_\_\_ No \_\_\_\_

Monthly Heartworm preventative: Yes \_\_\_\_ No \_\_\_\_

(Brand must be approved by your Foster Coordinator before administration)

Frontline/Advantage (if needed): Yes \_\_\_\_ No \_\_\_\_

(These are the only approved brands authorized by PROoF any other brand must be authorized)

Please note all food and medications prescribed by a veterinarian are paid for by the rescue. Some dogs in our care must be on a special diet and on prescription medication due to medical condition.

Reimbursements: All expenses must be authorized in advance by your foster coordinator or treasurer. In order to get reimbursed for an authorized expense please turn in your receipt and make sure it is marked paid. Receipts can be mailed, e-mailed or faxed

When would be the best time for us to do your mandatory home check? Please be specific. \_\_\_\_\_

Have you recently submitted an application to foster any other rescue organizations? Yes \_\_\_\_ No \_\_\_\_

If, yes, name of rescue \_\_\_\_\_ Date Applied \_\_\_\_\_

Have you ever dealt with any rescue group in the past (adopted from; fostered for or surrendered a dog to)? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

PLEASE LIST TWO REFERENCES (name, credentials & phone number)

NAME OCCUPATION PHONE #

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**NOTE: BY SIGNING THIS FORM YOU ARE GIVING PROoF PERMISSION TO CONTACT YOUR VET AND OTHER REFERENCES:**

Applicants Signature \_\_\_\_\_ Print name \_\_\_\_\_

FROoF Volunteer Signature \_\_\_\_\_ Print Name \_\_\_\_\_