

Orlando Pug Rescue and Adoption, 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 OPRA)

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 your 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 OPRA 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 OPRA PERMISSION TO CONTACT YOUR VET AND OTHER REFERENCES:

Applicants Signature _____ Print name _____

OPRA Volunteer Signature _____ Print Name _____