



DOGS WITH WINGS
ASSISTANCE DOG SOCIETY

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ADULT DOG FOSTER HOME APPLICATION FORM

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

AGE: _____

NUMBER OF ADULTS AND AGES OF CHILDREN IN THE HOME: _____

OCCUPATION (S): _____

IS ONE ADULT AT HOME DURING THE DAY: Yes No

DETAILS: _____

IS YOUR PROPERTY OWNED OR RENTED: OWNED RENTED

IS YOUR YARD FENCED AND SECURE: Yes No

ARE YOU PREPARED FOR THE DOG TO LIVE IN THE HOUSE AS MEMBER OF THE FAMILY: Yes No

WOULD YOU HAVE ANY OUT OF BOUND AREAS FOR THE DOG: Yes No

DETAILS: _____

ARE YOU PREPARED TO TRANSPORT THE DOG TO & FROM THE OFFICE DAILY: Yes No

HAVE YOU HAD ANY EXPERIENCE WITH DOGS OR TRAINING: Yes No

DETAILS: _____

ARE THERE ANY PETS IN YOUR HOME: Yes No

DETAILS: _____

DO YOU HAVE ANY PREFERENCE TO THE BREED OR SEX OF THE DOG: Yes No

DETAILS: _____

WHEN WOULD YOU BE ABLE TO TAKE A DOG (IF ACCEPTED): _____

WHY IS IT YOU WOULD LIKE TO BECOME AN ADULT DOG RAISER: _____

PERSONAL REFERENCES:

NAME: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

(For Office Use Only)

COMMENTS: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

(For Office Use Only)

COMMENTS: _____

(For Office Use Only)

HOME VISIT COMMENTS: _____
