



COUNTY OF BERGEN
DEPARTMENT OF HEALTH SERVICES
ANIMAL SHELTER AND ADOPTION CENTER
100 United Lane Teterboro, N.J. 07608 (201) 229-4600

Dog/Puppy Foster Application

Name: _____ Phone: _____(Home) _____(Cell)

Address: _____ City, St Zip _____

Email: _____

Please Answer The Following Questions:

- Please check all animals that you are interested in fostering:
*Puppies up to 1 yr _____ *Senior Dogs _____
*Adult Dogs _____ *Dogs up to 40 pounds _____
*Dogs with Behavioral Issues _____ *Dogs over 40 pounds _____
- What energy level(s) are you comfortable working with? High Medium Low
- Do you work full-time? YES NO
a. If YES, how long will the animal be left alone for during the day? _____
- Please describe your experience with training and socializing dogs. _____

- Please list the names and ages of all people in the home. _____

- Please list the current animals in your home _____
Are these animals up to date on their vaccines? YES NO
- Please provide your current vet name and phone number _____

- Do you have the ability to return to the shelter for frequent veterinary visits? YES NO
- Do you have an area in your home that can be used to isolate foster animals? YES NO

I understand that this program is for fostering only and not for adoptions.

Signature

Date