



Foster form application

My Surname(s):

Home Phone:

My Given Name(s):

Cell Phone:

Street Address:

Bus. Phone:

City/Town:

My Email address:

Province/Postal Code:

Occupation/Employer:

How did you hear about Danois SOS?

Have you had a Great Dane before?

If No, Have you had exposure to Great Danes?

If Yes, Where did you get this exposure?

Type of Dwelling: home apartment condo farm other

If other, please explain :

Do you own your home?

If renting, does Rental agreement allow large dogs?

If Renting, what is your landlord's Name?

If Renting, what is your Landlord's Phone?

How long have you lived at this address?

Do you have a fenced yard?

Please describe what kind of fencing :

Have you had any experience with house training and /or obedience training?

Do you intend to crate an Adult Great Dane?

How many hours will the Dane be left alone in the house?

Where will you keep the dog when not at home?

Where will the Dane spend most of its time?

Where will the Dane Sleep?



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Do you currently have other dogs?

Dog 1 Breed:

Dog 1 Age-Years/Months

Dog 1 Gender:

Dog 1 Altered:

Dog 1 Name:

Dog 2 Breed:

Dog 2 Age-Years/Months

Dog 2 Gender:

Dog 2 Altered:

Dog 2 Name:

Do you currently have any Cats?

Do you have any other Pets?

Excluding current Dogs, have you owned a dog before?

If so, What Happened to them?

Have you ever surrendered a pet or had one run away?

If Yes, Explain:



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How many people live in your home?

Is someone home during the day?

Does anyone have allergies to dogs?

Do you have children under 10 living at home or visiting regularly?

Are all family members agreeable to Fostering?

References

Vet Name:

Phone No:

Personal References:

1) Name :

Phone No:

2) Name :

Phone No:

3) Name :

Phone No:

May a Danois SOS member visit your home?

Have you read and understood the information contained in our
“So You Want to Foster?” brochure or web page ?

Do you certify the answers above are true?

Signature: _____

SOS Danois Representative : _____

Date: _____

Date: _____