

Application received: _____

Application approved: _____

Eagles' Wings Service Dogs, Inc

Foster Dog Application

Name: _____

Address: _____

City/State/Zip Code: _____

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

E-mail: _____

Employer: _____ Phone (Work): _____

Please answer the following questions:

1. Please give the following information for the members of your household.

NAME	Relationship (mother, father, son, daughter, etc.)	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. How much time is your family willing to devote each day to the care, training and education of a service dog in training? _____

3. Which one person will assume primary responsibility for the care of the dog?

4. Is any adult home sometime during the day? _____ If so, who and when? _____

5. About how many hours would the dog be left alone on the average day? _____

6. Have you previously raised:

(1) A puppy?: _____ (2) A dog?: _____ (3) A shelter dog?: _____

7. Is any member of your family:
(1) Afraid of dogs?: _____ (2) Allergic to dogs?: _____

8. If you answered "yes" to either or both of sub-questions #7 please explain how you hope to avoid difficulties. _____

9. Are you agreeable to crate training this dog? _____

10. Where will this dog sleep at night? _____

11. How long, up to a maximum of 18 months, would you be willing to care for this dog?

12. What type of residence do you live in? (Please circle one.)
Single Family House Duplex Townhouse/Condo Apartment

13. Do you own your place of residence? _____ (If not we require permission from the property owner for you to foster the dog.)

14. Do you have a fenced in yard? _____ If so what height is the fence? _____

15. If the foster dog is destructive to the building or the yard, how will you handle it? _____

16. Do you currently have pets at home? _____ If so please fill in the applicable spaces for each pet.

NAME	SPECIES/BREED	AGE	NEUTERED	PROOF OF VACCINATION
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No

17. How are you planning to exercise this dog? (Include the number of times a day and the amount of time each outing will take.) _____

18. If you have a dog(s) at home, how does it/they react to:

(1) Strangers: _____

(2) Loud noises (such as firecrackers) _____

(3) Other animals: _____

(4) Small children: _____

19 Does your family understand that when training a shelter dog there are often mistakes in “bad” behaviors that must be replaced with “good” behaviors? _____

20. What experience have you had with obedience training of dogs? _____

21. Are you willing to take the dog:

(1) to EWSD’s vet? _____ (2.) to obedience class? _____

22. Are you willing to work with a mentor from the Eagles Wings board for guidance on training? _____

23. Is your family willing to absorb the cost of feeding an EWSD-in-training our specified diet? (Food cost is estimated at \$50 - \$60 a month.) _____

24. Are you willing to take the dog with you on public outings (grocery store, church, restaurants, doctor visits, walks, Walmart, mall)? _____

25. Do you have the physical ability to lift, correct, manage, and/or restrain a 50 – 100 lb dog? _____

26. Are you willing to read and follow the guidelines in the Eagles’ Wings Service Dog Foster Care program and in a designated training book? _____

27. How did you hear about Eagles’ Wings Service Dogs? _____

28. If your application is accepted, when will you be ready to foster a dog? _____

29. Would you be willing to give an Eagles’ Wings Service dog a permanent home after it is retired from service? (Please circle one.) YES NO

EWSD requires two references, one from a veterinarian if you have or have had one in the past, and another from someone not related to you, preferably a person who has some dealings with dogs and can relate to us your ability to train a dog.

NAME	ADDRESS	T'PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EWSD requires a home visit to make sure that the foster home meets our standards of care for our dogs.

Please read the following paragraph carefully and if you feel you can meet these requirements and you wish to give an EWSD in training foster care, sign and date this application.

I acknowledge that the information contained on this form is true and correct. I understand that any misrepresentation of fact may result in removal of the foster dog from my home. I agree to adhere to the requirements of EWSD and to be responsible for the care, feeding, and training of my foster dog during the period that the dog is in my home. I will regularly attend an EWSD approved obedience class and train the required amount of time. I agree to return the dog to EWSD upon request. I understand that any misrepresentation of fact may result in the removal of the foster dog from my home.

Applicant's signature: _____ Date: _____

Parent's signature: _____ Date: _____
(If applicant is under 18 years of age)

Mail application to:

Eagles' Wings Service Dogs
Linda Bryant
2154 Northway Rd
Williamsport, PA 17701