



Foster Application

P.O. Box 1574
Midlothian, VA 23113-1574
foster@labrescue-richmond.com
Phone: 804-417-7527

Please print, complete and mail

Name: _____

Address: _____

Age: _____ Telephone #'s: (H) _____ (W) _____ (C) _____

Email: _____

Type of Dwelling: House: ___ Townhouse: ___ Apartment: ___ Condo: ___

Do you own _____ or rent _____?

If you rent, do you have permission from your landlord to have a dog? _____

Is there a weight limit? _____ If yes what is the weight limit? _____

Is your yard fenced? _____ If yes, what kind of fence? _____

Please list all residents of your household including ages: _____

Is anyone home during the day? _____

How many hours per day will the dog be left without adult supervision? _____

Please explain your interest and experience with fostering dogs: _____

Where will the dog be kept during the day? (Please be specific): _____

Where will the dog sleep at night? _____

How do you feel about crating? _____

What is your experience with housetraining, crate training, etc.? _____

Please list all of the animals you have owned in the last 5 years: _____

If you have ever had a pet die at an early age due to an accident, please give details:

Have you ever given a pet away or turned a pet over to a shelter or rescue group?

Yes _____ No _____

If yes, please explain: _____

What type of Labrador would you prefer to foster? _____

Thanks for your interest in fostering a Lab through Lab Rescue of Greater Richmond.

I acknowledge that all of the information on this form is true and correct. I understand that any misrepresentation of fact may result in the removal of the fostered dog from my home by Lab Rescue.

By signing this application, I certify that I have never been convicted of animal cruelty, neglect or abandonment.

Signature: _____

Date: _____

Signature: _____

Date: _____