Continuing the Mission

*A Non-Profit Organization run by Veterans and their families*

[www.continuingthemission.org](http://www.continuingthemission.org)

Service Dog Foster Application

Date:

Applicant’s Name: Dog’s Name:

Address:

City, State, Zip Code:

Home phone: Work/Cell phone:

Email:

In what type of Housing to you reside? Apt/Condo/House:

Do you own or rent?

If Rent: Landlord’s Name: Phone:

Are you planning on moving in the next 12 months? Yes No

Have you previously owned pets? Yes No

List all current animals in your household:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Breed** | **Sex** | **Spayed /Neutered** | **Current on Vaccinations?** | **Age** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

List your Primary Veterinarian:

Veterinarian: Phone:

Do you grant permission to CTM to contact your Veterinarian for reference check? Yes No

Household Information:

Are there any children in your household / or children who visit frequently: Yes No

If yes, what are their ages?

In general, what types of discipline/correction do you use with a pet?

Do you have a fenced yard? Yes No

If yes, height? Material(s)?

In general, how many hours a day will the Foster Service dog be left alone during the day? (Work, errands, etc.)

Where will the Foster Service dog be kept while you are away from home during the day? (Crate, bedroom, garage, yard, etc.)

Are you willing/able to attend training opportunities with your Foster Service dog in your local area?

Yes No

List characteristics of an animal that would NOT fit with your family or lifestyle?

Please provide two personal references NOT relate to you:

|  |  |
| --- | --- |
| **Name:** | **Phone:** |
|  |  |
|  |  |

Please include any information you would like for us to consider when reviewing your Service dog Foster application?