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| **FOSTER APPLICATION FORM** | | | | | |
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| **APPLICANT’S DETAILS** | | | | | |
| Title: |  | Full name: | |  | |
| Address: |  | Telephone numbers (please indicate preferred) - | | | |
| Mobile: | |  | |
| Home: | |  | |
| Work: | |  | |
| Emergency: | |  | |
| Email address: |  | Occupation: | |  | |
| Passport/driving licence number: |  | NI number: | |  | |
| Please note you will be asked to produce a copy of your photo ID and proof of address during your home check visit. | | | | | |
| Please tick your preferences for a dog; if you have no preferences please leave blank: | | Puppy (<2) | 2 – 5 Years | | 5 years + |
| Male | Female | | Either |
| What is the best time of day for FBS to complete a home check? | | AM | PM | | Weekends |
| What will be the dog’s exercise routine? | |  | | | |
| Will you feed a dog the diet that FBS advises (e.g. raw, specialist food) for allergies or medical issues? | | Yes | | No | |
| **PROPERTY DETAILS** | | | | | |
| Is your property owned or rented? | | Owned | Rented | | Other |
| If your property is rented, is permission required to own dogs? | | Yes | No | | N/A |
| Please attach copy of written permission from your landlord or housing association with your application. Applications cannot be considered without this evidence. | | | | | |
| Property type: | | House | Flat | | Bungalow |
| Other, please specify: | | | |
| Do you have a garden, or access to a garden? | | Yes | No | | Access to |
| If so, is your garden secure? | | Yes | No | | N/A |
| Where in your house will the dog sleep? | |  | | | |
| **OCCUPANCY DETAILS** | | | | | |
|  | | Names/Ages: | Occupations: | | Hours worked: |
| Please list the name, age, occupation and hours worked per week (if applicable) of all occupants in your home: | |  |  | |  |
| Do any children frequently visit your home? | | Yes | | No | |
| Please note that a household with young children may not always be a suitable environment for some of the dogs that come into FBS, owing to their previous circumstances or experiences. | | | | | |
| How many hours a day would the dog be left (approximately)? | | Hours | | | |
| Have you owned dogs before, and do you currently own a dog? | | Yes | Currently | | No |
| If so, please provide details of breed, age and sex: | |  | | | |
| If you currently own a dog, is he/she neutered? | | Yes | | No | |
| Do you have any other pets? | | Yes | | No | |
| If yes, please provide further details: | |  | | | |
| **ADDITIONAL INFORMATION** | | | | | |
| What is your reason for wanting to foster for FBS? | | | | | |
| What experience do you have of caring for a French bulldog (this may include your own or another’s pet)? | | | | | |
| Have you ever fostered an animal from any other rescue organisation (if ‘Yes’, please provide further details)? | | | | | |
| What qualities do you have that you feel would be important to a dog to help him/her settle into your home? | | | | | |
| How would you feel about handing the dog back after fostering him/her for a period of weeks? | | | | | |
| Sometimes, through no fault of their own, dogs come into FBS that may be traumatised. Problems that might be encountered are listed below, it would be helpful if you could tell us how you think you would deal with each situation, should it arise: | | | | | |
| Toilet training, wetting or soiling in the house: | | | | | |
| Furniture and/or personal belongings being chewed: | | | | | |
| Fear of certain people: | | | | | |
| Signs of aggression to people and/or dogs: | | | | | |
| Separation anxiety: | | | | | |
| Please add any further information that you feel may be of interest to us with regards to you fostering for FBS (i.e. you have completed a canine first aid course, you have experience with behavioural issues etc.): | | | | | |
| **REFERENCES** | | | | | |
| Please give the names and contact details of two referees (not relatives) who we can contact to obtain a reference. Applications will only be considered after references have been obtained: | | | | | |
| Name: |  | Name: | |  | |
| Address: |  | Address: | |  | |
| Occupation: |  | Occupation: | |  | |
| Length of association: |  | Length of association: | |  | |
|  |  |  | |  | |
| Signed: |  |  | |  | |
| Print Name: |  |  | |  | |
| Date: |  |  | |  | |

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| This document can either be posted to the charity’s registered address listed at the bottom of this form or emailed to [fbsapplications@gmail.com](mailto:fbsapplications@gmail.com) |