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Animal ID#: _____

Animal Name: _____

FOSTER HOME REPORT

Instructions: Please complete this form within 2 weeks of getting the animal and provide as much information as possible. Please submit updated reports when there have been any significant changes.

Type of Foster Animal Report: Initial Report Updated Report Date: _____

SECTION I (Please complete this section every time you submit a report)

FOSTER HOME:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Email: _____

SECTION II (For *Initial report*, please answer as completely as possible. For *Updated Report*, only provide information that is new or updated from last report.)

1. Tell us about the animal. What is special, interesting, unusual, endearing about him or her? What would you want someone to know if they were considering adopting this animal?

2. Has the animal exhibited aggression (growling, snarling, snapping, etc.) towards:

- | | | | | | | | |
|-----------|------------------------------|-----------------------------|------------------------------|------------------|------------------------------|-----------------------------|------------------------------|
| Men? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Teenagers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Women? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Male Dogs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Female Dogs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Toddlers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Cats/Other Pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

If "Yes" to any of these, would you describe the aggression as food-related, territorial or fear-related? Please explain, giving as much information as possible: _____

3. Does the animal show any shyness with people (i.e. hiding or running away)? Yes No

If "Yes", is the shyness specific to a particular gender or age group? Yes No

Please explain: _____

4. When you leave the house or room does the animal exhibit any signs of Separation Anxiety (i.e. excessive barking, whining, urinating/defecating in the house, destructive behavior)? Yes No

If "Yes", Please explain: _____

5. Does the animal show fear of thunderstorms, cars, vacuums, loud or unusual noises, etc.? Yes No

If "Yes", Please explain: _____

6. Does the animal ride well in cars? Yes No

7. How much does the animal drool? A lot Moderate Some Very little

8. How much does the dog bark? A lot Moderate Some Very little

9. How much does the animal shed? A lot Moderate Some Very little

10. Is the animal housetrained? Yes No

If "No", please indicate the specific problem: _____

11. Are you using a crate? Yes No (How long is the animal generally crated? _____)

If "Yes", please describe the animal's reaction to crating: _____

12. Does the animal eat well? Yes No

13. Are there particular foods which seem to cause the animal problems? Yes No

If "Yes", please explain: _____

14. Does the animal gulp or bolt his food too quickly? Yes No

15. Does the animal steal food? Yes No

16. Please indicate what you've been feeding, how often, and in what amounts: _____

17. Have you noticed any health problems while the animal is in your care? Yes No

If "Yes", please explain: _____

18. Does the animal enjoy walking? Yes No N/A

19. Does he/she pull on the leash? Yes No N/A

20. How does the animal react to handling and grooming:

a.) Can you brush him/her? Yes No Have not tried

b.) Can you clean the ears without a struggle? Yes No Have not tried

c.) Can you clip the dog's nails without a struggle? Yes No Have not tried

21. Does the dog appear to know basic commands?

Sit: Yes No

Heel: Yes No

Down or Stay: Yes No

Other (please specify) _____

22. Does the animal appear to know his/her name? Yes No

23. Does he/she come when called? Yes No

24. Are there any characteristics or comments you would like to make that will help in placing this animal?