

P.O. Box 34034 Bethesda, MD 20827 Fax: 301-570-4173

Foster Application Form

		Personal	Inforn	nation						
First Name:			Last Name:							
Address:										
City:				State:		Zip Code:				
Home Phone: (Include area code)			Work Phone: (Include area code)							
Home E-mail:	Place of Employment:		Occupation/Pos		osition:					
Vet Information:										
Vet's Name:		100 111101	matri	T	nclude area code):					
Address:										
City:			State			Zip Code:				
,				_		,				
		Family Inf		tion:						
Adults Living in Household (p)	lease include nu	mber and ages)	:							
Children Living in Household	(please include	number and age	es):							
Pets Currently Living in Hous	ehold (please	include numbe	r and typ	e):						
Pets(s) Names:										
Are your dogs/cats up to date	on vaccine	s?		Are you	r dogs/cats spa	yed/neutered?				
If not, why not?										
Home Situation (Own/Rent/Live with parents): (If renting, attach letter from landlord indicating pets are allowed)				How many years at current residence:						
Do you live in (House/Townho			o/Mob	le Home)	?					
, ,	•	•								
Do you have a fenced yard?				fence and heigh	nt:					
Average number of hours a day someone is home: Do you work FT/PT? How many hours will this dog be alone per day?										
	•									
Where will this dog be kept do	<u>_</u>	y?								
Where will the dog sleep at ni										
How will the dog be confined										
Do you plan to tie or chain the	e dog out at	anytime?	If so,	please ex	plain:					
If you go away for a few days,	who will ca	re for the o	dog?							
Are you willing to take care of	f this dog fo	r the rest o	f his I	ife (next '	10 to 20 years)?					
Why do you want to adopt thi				_						
Companion: Guard	Dog:	Gift:		For	Children:	Other:				

Who will be responsible for this animal?

Are yo days)	u willing to give this dog ti	me to adapt to his nev	environment	and family members (at least 30
Do you	understand this animal male animal?	ay not be housebroke	n and are you	willing to take the time to work
Have y	ou ever given up an anima	l before, and if so, wh	<i>j</i> ?	
Previo	us experience with Shar-Pe	i:		
(Includ	u interested in any particul le ID number)		ailable" list?	
Do You Sex:	ı Have a Shar-Pei Preferenc Color:	ce? Coat:	Mouth:	
Sex.	Color.	Two References (N		
Name:		Phone:	,	E-mail:
Name:		Phone:		E-mail:
How d	id you hear about MACSPR	O? (please be specific	;)	
As a m newsle		inese Shar-Pei Rescue	Operation, Inc.	ue Operation, Inc.? , you will receive our quarterly r have about your Chinese Shar-Pei.
of an animal This include: receiving pro care as well as your own	to a home that does not mee s the right to investigate new oper care or has been mistrea	et the standards of the Nathense before and after sted. We request that your new to spend with your new the to spend with your new the tospend with your new the tospend with your new the tospend with your new the the standards of the Nathense with the Nathense wit	lid-Atlantic Chi a fostering is no ou take into co w companion.	re reserve the right to refuse the adoptions of the serve of the adoption of the serve of the se
initial your	approvar nore			
	I certify the above	to be true and compl	ete to the besi	t of my knowledge.
Applicant S	ignature:			Date:
Co-Applica	nt Signature:			Date:

Please sign and date this form, and mail or Email to:

Mid-Atlantic Shar-Pei Rescue Operation, Inc. P.O. Box 34034 Bethesda, MD 20827 http://www.macspro.org peirescue@macspro.org