

CENTRAL CALIFORNIA LABRADOR RETRIEVER RESCUE, INC.  
Central Valley Chapter



LoveableLabs@aol.com  
www.cclabrescuevc.org  
FEIN 68-0463166  
501-C (3) 31168

A LAB FOR YOUR HOME,  
A HOME FOR YOUR LAB...

## FOSTER PARENT QUESTIONNAIRE

*All foster dogs are evaluated by members of CCLRR,  
and every attempt is made to match a foster dog to a foster family's abilities.  
An experienced foster parent in your area will be assigned to you as your mentor.  
This person will be your contact for any information, questions or problems.  
Fostering is the life's blood of our organization. Without fosters, labs in shelters,  
abandoned labs, and those whose family situation is such that the lab needs immediate  
care, would have no chance. It's hard work but you'll be paid in huge Labrador kisses  
and wonderful notes and pictures of your happy foster from his new family.*

Foster's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Work Phone: \_(\_\_\_\_\_) \_\_\_\_\_

Cell Phone : \_(\_\_\_\_\_) \_\_\_\_\_ Fax Line: \_(\_\_\_\_\_) \_\_\_\_\_

*(Please include mailing address if different from home address)*

1. Family Members & Children's Ages \_\_\_\_\_

2. Single Family Home \_\_\_\_\_ Duplex/Triplex \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ If rent, please attach a letter from landlord giving permission to have dog.

3. Where Will The Foster Be Kept:

During Day: Fenced Yard \_\_\_\_\_ Inside When I'm Home \_\_\_\_\_

At Night: Fenced Yard \_\_\_\_\_ Inside When I'm Home \_\_\_\_\_

Is Your Yard Securely Fenced? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Other Animals, Dogs, Cats in household: \_\_\_\_\_

5. Are all family members in agreement to foster? \_\_\_\_\_

6. Who will be foster dog's primary care giver? \_\_\_\_\_

7. If you work, how long are you gone during the day? \_\_\_\_\_

8. If you must work late who will care for the foster? \_\_\_\_\_

*Please continue to page 2*

9. Do you have a neighbor who will notify you if your animals get out of your yard? \_\_\_\_\_
10. If you go away for the weekend, will your foster go with you? \_\_\_\_\_
11. Have you ever obedience trained a dog? \_\_\_\_\_
12. Have you ever attended an obedience class? \_\_\_\_\_
13. Have you ever crate trained a dog? \_\_\_\_\_
14. Are you willing to transport foster to vet and give him/her after care if spayed/neutered? \_\_\_\_\_
15. If you have no other dogs in your household, are you willing to take a foster who may have kennel cough? \_\_\_\_\_
16. Are you willing to bring your foster to the Adoption events in the Fresno area on a Saturday or Sunday? \_\_\_\_\_
17. Are you willing to have prospective adopters come see your foster in your home? \_\_\_\_\_
18. Are you willing, time permitting, to take your foster for walks, to the park, to meet friends and generally socialize your foster? \_\_\_\_\_
19. Are you willing to maintain paperwork on your foster? \_\_\_\_\_
20. Do you understand your foster will shed and may chew inappropriate objects in your home? \_\_\_\_\_
21. Do you understand that CCLRR will reimburse you for food and any approved vet bills but not for items destroyed by your foster, i.e. hoses, sprinkler heads, children's toys, furniture, etc., and that it is your responsibility to monitor your fosters behavior? \_\_\_\_\_
22. Do you understand it is your responsibility to keep harmful items such as antifreeze, garden chemicals, and poisons locked safely away? (Labs are very resourceful and will work hard to find something that smells good.) \_\_\_\_\_
23. Do you understand it is your responsibility to care for your foster just as you would your own animals? \_\_\_\_\_
24. Do you understand your foster may not be given to or adopted to anyone without CCLRR approval? \_\_\_\_\_

Please tell us why you want to be a foster:

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Please tell us a little about yourself and your family:

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\_\_\_\_\_  
Prospective Foster(s) Signature

\_\_\_\_\_  
Date

Please Print Name: \_\_\_\_\_

\_\_\_\_\_  
CCLRR Representative Signature

\_\_\_\_\_  
Date

Please Print Name: \_\_\_\_\_