

NATIONAL CESKY TERRIER CLUB OF AMERICA

Richard Dilly - Rescue Coordinator

**4732 McNab Ave.
Lakewood, CA 90713**

Cesky Terrier Foster Home Application

2005

INFORMATION

NAME PRINTED: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

HOME/WORK PHONE: _____ / _____ EMAIL: _____

DRIVER'S LICENSE #: _____ ISSUING STATE: _____ D.O.B: _____

CURRENT FAMILY LIFESTYLE INFORMATION (Please Print)

NUMBER OF CHILDREN IN YOUR HOME _____ AGES: _____

OTHER FAMILY MEMBERS/RESIDENTS IN YOUR HOME: (LIST) _____

LIST BREEDS/TYPES OF PETS & AGES YOU CURRENTLY HAVE IN YOUR HOME: _____

ARE YOUR PETS SPAYED/NEUTERED? _____ IF NOT ALTERED, WHY NOT? _____

DO YOU OWN YOUR HOME? _____ IS SOMEONE AT HOME IN DAYTIME? _____ IN EVENING? _____

YOUR NEIGHBORHOOD: URBAN _____ SUBURBAN _____ RURAL _____ ARE YOU AN APARTMENT DWELLER? _____

FENCED YARD? YES ___ NO ___ FENCE TYPE? WOOD ___ CHAIN LINK ___ OTHER _____ HEIGHT OF FENCE _____

VETERINARIAN NAME: _____ PHONE: (____) _____

VET'S ADDRESS: _____ CITY: _____ STATE: _____

FOSTER HOME INFORMATION (Please Print)

HAVE YOU EVER FOSTERED A DOG BEFORE? _____ IF SO WHAT BREED(S)? _____

WHY DO YOU WANT TO FOSTER A CESKY TERRIER? _____

WHERE WILL YOU KEEP THE CESKY TERRIER WHEN YOU ARE NOT HOME? _____

HOW MANY HOURS WOULD THE CESKY TERRIER BE LEFT ALONE DURING THE DAY? _____

DO YOU HAVE A CRATE OF APPROPRIATE SIZE READY IN YOUR HOME? YES _____ NO _____

IS THERE A LIMITED TO THE LENGTH OF TIME YOU CAN KEEP A CESKY? YES ___ NO ___ IF SO, HOW LONG? _____

DO YOU MIND IF AN INTERESTED PERSON COMES TO YOUR HOME TO SEE THE CESKY TERRIER? _____ YES ___ NO

YOUR SIGNATURE: _____ DATE: _____

(PLEASE SIGN/DATE AND SEND TO ADDRESS ABOVE)