

FOSTER DOG PERSONALITY PROFILE

Please complete this for each foster animal in your care. The Intake Team will attach this form to their kennel card, which will make it available to both personnel and potential adopters.

Dog's Name ______ Animal ID # _____ Return Date: _____

Length of Time in Foster: _____ Are they returning early? No \Box Yes \Box

Reason Fostered: Too Young \Box Medical \Box Socialization \Box Adoption Ambassador \Box

FOSTER BEHAVIOR INFORMATION

Describe the ideal home for your foster animal:

Cute things your foster does that could be endearing to a future adopter:

How social is your foster when meeting new people? Describe their behavior.

What are her/his favorite games and toys?

Please list anything s/he may be afraid of (e.g. thunder, vacuum, etc.)?

How does s/he react when afraid (hides, growls, etc.)?

Did s/he stay with other animals? No \Box Yes \Box

If yes, what kind? Dogs Cats Rabbits Birds Other:

How did s/he get along with them?

How does s/he react toward unknown dogs?

Did s/he live with children? No____ Yes___ Ages: _____

If yes, how did s/he get along with them?



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When was the dog most active? Early \Box Daytime \Box Late \Box All day \Box		
Is s/he used to walking on a leash? No \Box Yes \Box		
Has s/he had any training while in foster care? No Yes If so, describe what they know or what you've been working on?		
How did s/he respond to correction? Complies Sulks Growls Snaps Other:		
Please check any and all issues yo "Marks" indoors Mouths when playing Howls or whines Barks excessively	Chewing □ Jumping□ Bolts out doors □	Fearful □ Has excessive energy □
FOSTER CARE INFORMATION		
Dueferred Deed		How often?
Preleffed Food:	Amount:	How often?
Was the foster confined when left		
	alone? No□ Yes (dur	ing the day) \Box Yes (overnight) \Box
Was the foster confined when left	alone? No□ Yes (dur Bathroom: □ Hour	ing the day) □ Yes (overnight) □ s of daily confinement:
Was the foster confined when left If yes, where? Crate□ Kitchen□	alone? No□ Yes (dur Bathroom: □ Hour usebreaking, chewing, to	ing the day) □ Yes (overnight) □ s of daily confinement: o provide a "den," etc.:
Was the foster confined when left If yes, where? Crate□ Kitchen□ Why were they confined? E.g. hou	alone? No Yes (dur Bathroom: Hour usebreaking, chewing, to ut eliminating?	ing the day) □ Yes (overnight) □ s of daily confinement: o provide a "den," etc.:
Was the foster confined when left If yes, where? Crate Kitchen Why were they confined? E.g. hou How long is s/he able to go without Where does s/he eliminate (yard, o	alone? No Yes (dur Bathroom: Hour Isebreaking, chewing, to It eliminating? on walks, paper, etc.)?_	ing the day) □ Yes (overnight) □ s of daily confinement: o provide a "den," etc.:

ADOPTERS: If you would like to get in touch with your pet's foster parent – send us an email to <u>foster@anticruelty.org</u> along with the animal's ID number. We'll then connect you directly.