

# Foster Care Observations

## *MVVC Rescue*

**INSTRUCTIONS:** Please complete as much information as possible at the time you cease foster care for the below named rescue dog. The purpose of the Foster Care Report is to validate, clarify and/or correct the information received at the time the rescue dog was surrendered to our organization.

Date that this dog was placed in your care: \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of Foster Care: \_\_\_\_\_

### **Dog Information**

Dog's Call Name: \_\_\_\_\_ Formerly Known As (if applicable): \_\_\_\_\_

Dog's Registered Name (if applicable): \_\_\_\_\_ Registration #: \_\_\_\_\_

Gender: MALE FEMALE

Dog's Birth Date (estimate, if necessary): \_\_\_\_/\_\_\_\_/\_\_\_\_

Where was this dog originally obtained prior to surrender? [select one]

PET STORE BREEDER SHELTER OTHER: \_\_\_\_\_

If available, please provide contact information for this source:

Name: \_\_\_\_\_

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

City / State: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this dog Spayed / Neutered? YES NO If YES, is there proof? YES NO  
[applicable to female dogs only; attach **certificate of spaying** if available]

Does this dog have a Microchip and/or Tattoo for ID purposes? YES NO

If YES, list those ID numbers here:

Microchip#: \_\_\_\_\_ Manufacturer by: \_\_\_\_\_

Tattoo#: \_\_\_\_\_ Registered with: \_\_\_\_\_

Is this dog housetrained? YES, EXCELLENT GOOD FAIR NOT HOUSETRAINED

If NOT, do we know why this dog hasn't been successfully housetrained? [please provide a brief explanation]

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Is this dog crate trained? YES NO

Veterinary / Health Information

Who is this dog's current Veterinarian?

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of last visit to Vet? \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunization Record:

[attach complete immunization / vet records, if available]

Rabies: YES NO Expires: \_\_\_\_\_

DHLLP: YES NO Expires: \_\_\_\_\_

Bordetella: YES NO Expires: \_\_\_\_\_

Lyme: YES NO Expires: \_\_\_\_\_

Other (describe and give any expiration dates):

Is this dog on heartworm preventative? YES NO

If YES, What kind? \_\_\_\_\_

Date of last treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does this dog have any known physical problems or allergies? YES NO

If YES, please describe:

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Does this dog have fleas? YES NO

**Dog History**

Has this dog ever run away? YES NO

Has this dog ever bitten or nipped anyone? YES NO

If YES, please describe in detail:

What family members is this dog accustomed to? [select all that apply]

Men Women Infants Toddlers Children 2 – 6 Years

Children 6 – 12 Years Teenagers Extended Family Cats Other Dogs

Other: \_\_\_\_\_

How does this dog react to:

Other dogs:

Cats:

Children:

Infants:

Strangers:

Walking on leash:

Being alone in a fenced yard:

Being alone in the house:

Riding in the car:

Being alone in the car:

Being groomed:

Having its nails clipped:

Being unhappy:

Being afraid:

What does this dog:

Like the best:

Like the least:

Fear:

Where is this dog accustomed to spending:

Its days:

Its nights:

Its weekends:

Dog Food and Feeding:

What brand of dog food does this dog eat?

How much do you feed at each meal?

How many times a day is the dog fed?

How would you describe the dog's overall temperament?    FRIENDLY    SHY    PROTECTIVE

Has this dog been through any obedience training?    YES    NO

If YES, who was the trainer?

What type of training did the dog receive? [select all that apply]

Basic Obedience      Intermediate Obedience      Other: \_\_\_\_\_

What commands or 'tricks' does this dog know and understand? [select all that apply]

No      Come      Sit      Down      Heel      Retrieve / Fetch  
Off      Kennel / Crate      Wait      Other: \_\_\_\_\_

How would you characterize this dog?    OBEDIENT    DISOBEDIENT

If DISOBEDIENT, please describe why you think so:

What behavioral problems, if any, has this dog exhibited? [select all that apply]

Escape Artist	Chewing
Chases Cars	Digging
Chases Cats	Aggression
Torments Livestock	House Soiling
Excessive Howling	Counter-surfing
Excessive Barking	Separation and/or Storm Anxiety
Jumping up on people	Other

**Ideal Home**

Please describe, in detail, what you believe is the IDEAL home for this dog:

Please list anything else you believe is important to tell us about this dog:

**Foster Home Information**

I certify that the information provided herein is complete and accurate to the best of my knowledge.

X \_\_\_\_\_  
Signature

Name of Foster Care Provider (printed): \_\_\_\_\_

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

City, State, Zip/Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_