



UAF Foster Care Record

Date: _____

Name: _____ Email Address: _____

Phone Number: _____ May new adopter call you? _____

Foster Dog's Name: _____

Date you received this Dog as a foster dog: _____

Dog is housebroken: Yes() No() Indicates desire to go outside by: _____

Dog's normal "relief" outdoor times: A.M. _____ P.M. _____

Dog is crate trained: _____

Average daily hours spent in crate: _____

Size of crate used: _____

Dog gets on furniture: Yes() No()

Dog sleeps where _____

Type of food dog is fed: _____

Times fed: A. M. _____ P.M. _____

Amount fed: _____

Treats: _____

Describe your fence: _____

Dog is lead trained: Yes() No()

Dog understands...please list commands: _____

Dog enjoys car rides: Yes() No()

Can Dog “do” steps: Yes() No()

Has Dog been exposed to: Doggie Door? Yes() No()

Sliding Glass doors? Yes() No() **Different floor surfaces?** Yes() No()

Dog has lived with.... (List other pets): _____

Dog responds well to: Women? _____ **Men?** _____ **Children?** _____

Has Dog lived with children? Yes() No() **If Yes list ages of Children** _____

Dog seems concerned by: _____

Dog enjoys: _____

Describe Dog’s personality - please check all characteristics that apply:

Friendly() Shy() Outgoing() Reserved() Playful() Barker() Quiet() Nervous()

Chewer() Digger() Excitable() Dominant() Low Energy() Average Energy()

High Energy() Aggressive() Other:_____

Please list special concerns or needs of this Dog: _____

Additional information that may help the new adopter: _____

