



Monroe County Animal Shelter

170 Kefauver Lane, Madisonville, TN 37354

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monroecountyanimalshelter@yahoo.com

www.friendsofanimalsmc.org

Foster Home Report

Foster Family Name: _____

Dog Name _____ Shelter ID # _____

Date Entered Foster Home _____ Date Left Foster Home _____

How did the dog leave the foster home? _____ Transported back to shelter for transport

_____ To Airport _____ Delivered by Foster Family _____ Peterson Transport

1 Tell us about the dog. What is special, interesting, unusual, endearing about the dog?
What would you want someone to know if they were considering adopting this dog?

2 Has the dog exhibited aggression (growling, snarling, snapping, etc.) towards:

	Yes	No	N/A		Yes	No	N/A
Men	_____	_____	_____	Teenagers	_____	_____	_____
Women	_____	_____	_____	Male Dogs	_____	_____	_____
Children	_____	_____	_____	Female Dogs	_____	_____	_____
Toddlers	_____	_____	_____	Cats/Other Pe	_____	_____	_____

If "Yes" to any of these, would you describe the aggression as food-related, territorial or fear related?
Please explain, giving as much information as possible:

3 Does the dog show any shyness with people (i.e. hiding or running away)? _____

If "Yes" is the shyness specific to a particular gender or age group? _____ Please explain:

4 When you leave the house or room does the dog exhibit any signs of separation anxiety (i.e. excessive barking, whining, urinating/defecating in the house, destructive behavior)? _____ Please explain:

5 Does the dog show any fear of thunderstorms, cars, vacuums, loud noises, etc? If "Yes" please explain:

Dog is used to ___ Car Rides ___ Collar/Leash ___ Living Inside ___ Living Outside
When outside, dog is ___ Loose in Fenced Area ___ Tied ___ Kenneled ___ on leash being walked (attended)

6 Is the dog housetrained? _____ If "No," please indicate specific problem:

7 Are you using a crate? _____ How long is dog generally crated? _____

If you are using a crate, please describe the dog's reaction to crating:

8 What commands does the dog know? ___ Sit ___ Stay ___ Heel ___ Lay Down ___ No ___ Come
___ down Others? _____

9 Does the dog know any tricks? _____

10 Does the dog eat well? _____ When is the dog fed? _____

How much is the dog fed? _____ Where is the dog fed? _____

Brand dry _____ Brand canned _____

Any eating/feeding problems? _____

Does the dog gulp or bolt food too quickly? _____ Does the dog steal food? _____

11 Where does the dog sleep? _____ Allowed on the furniture? _____

12 Walks (how far and how often)? _____ Does the dog enjoy walks? _____

_____ pulls/strains on leash _____ jogging with human _____ exercises in fenced yard

_____ long hikes _____ Frisbee _____ swimming _____ fetch-ball or toy _____ runs along with bicycle

13 Circle the terms that best describe this dog

Easy Going	Shy	One person pet	Obedient	Noisy
Playful	Aloof	Protective	Outgoing	Quiet
Destructive	Nervous	Aggressive	Friendly	Hyper
Active				

Please check any that apply.

Tear furniture _____
Dumps trash _____
Tear carpet _____
Bark/Howl-How much? _____
Roam _____
Chew things _____
Dig _____

Chase cars, livestock, small animals _____
Jump on people _____
React to uniforms _____
Urinate submissively _____
Jump fences-How high? _____
Fights with other dogs _____

14 How much does the dog drool? _____ How much does the dog shed? _____

15 Have you noticed or encountered any health issues while the dog has been in your care? _____

If "Yes" please explain _____

Temperature: Date/Temp _____ Date/Temp _____
Date/Temp _____ Date/Temp _____
Date/Temp _____ Date/Temp _____
Date/Temp _____ Date/Temp _____

Medication: Reason medication was dispensed (Precautionary, injury, illness/symptom, etc.) _____

Medication Name & Dosage: _____

Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____
Date: _____ Time: _____ am/pm Quantity Administered _____

16 Does the dog appear to know its name? _____ Does the dog come when called? _____

17 Does the dog enjoy/accept bathing? _____ Having nails clipped? _____

Does he/she like to be brushed/groomed? _____

18 Additional comments _____

