



Kansas City Sheltie Rescue, Inc.

P. O. Box 57

Mission, KS 66201

Phone/Fax: (913) 384-0366

Volunteer/Foster Application

Name _____ Date _____

DOB _____ Email address _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ Work _____ Cell _____

Spouse Name: _____ Employer _____ Work Phone _____

Do you live in a: House _____ Apt. _____ Do you? Own _____ Rent _____ If renting, landlord's _____

Do you have a fence? _____ Type and height of fence: _____ Does a house door open into a fenced your fenced yard? YES NO

Please list Past & Present Pets. (Type, age, sex, whether spayed/neutered) _____

Your Vet/Clinic: _____ Phone: _____ May we contact your vet? Yes NO

Where will your foster be kept? At night _____ When you are gone _____

What are your volunteer interests?

Fostering dogs _____ Grooming _____ House/Fence checks _____ Help with pet adoptions & Activities _____

What other volunteer interests do you have? _____

If your interest is in fostering what type of Foster Dog would you be willing to work with?

Male _____ Female _____ Housebroken _____ Not housebroken _____ Timid/Fearful _____

What size Foster are you willing to work with? 5-15 lbs _____ 15-25 lbs _____ 25-35 lbs _____ 35-45 lbs _____

Temperament: Cat aggressive _____ Dog aggressive _____ Prefers men _____ Prefers women _____ Special Needs _____

Needs medical care/rehabilitation _____ Age _____ Activity Level _____

Do you have an interest in fostering another breed, other than a Sheltie? Please list. _____

Name (Please Print) _____ Signature _____

House Checked by _____ Fence Checked by _____

Application Approved by Signature _____ Date _____

** Foster/Volunteer Agreement, with signatures, MUST be attached to this application for approval.