



New Guinea Singing Dog Club of America Foster and Adoption Application

Your Contact Information

*First name: _____ *Last name: _____
*Address: _____ *City: _____ *State: _____
*Zip: _____ *Phone: _____ Best time to call: _____
*Email address: _____

About You, Your Family and Household

Your age: _____ Your occupation: _____ Are there other adults in the household? Yes _____ No _____
How many minor children are living in the home: _____ Age(s): _____
Are you expecting a child or planning a family? Yes _____ No _____ Do children regularly visit your home? Yes _____ No _____

Please tell us about your family

First and last names of other adults in your household: _____
Who will be the primary care giver for your dog? _____ Is there someone home during the day? Yes _____ No _____
If no what are your plans for the dog during the day when home alone: _____
Do you travel for your work? _____ If so how often? _____
Would you say you have an active lifestyle? _____
Your home is a: House _____ Apartment _____ Mobile Home _____ Condo _____ Ranch/Farm _____
Do you own or rent your home? Own _____ Rent _____
If renting, does your landlord allow dogs? Yes _____ No _____ Not sure _____
Your neighborhood is: Urban _____ Suburban Rural _____ Remote _____
Do you have a secure yard? Yes _____ No _____ Do you have or plan to use invisible or electronic fencing? Yes _____ No _____
Please describe your yard in detail (include fence height and material) _____

Do you own other dogs? Yes _____ No _____
List all other dogs in the household (Include names, age, sex, breed, and how long you've owned them): _____

Do you own cats? Yes _____ No _____ List details about the cats (Include names, age, sex, breed, and how long you've owned them): _____

Do you have other animals or critters? Yes _____ No _____ Please list details about the other animals or critters: _____

If you own dogs or cats now, are they spayed or neutered? Yes _____ No _____

If your dogs or cats are not spayed or neutered, why not? _____

Do you support crating? Yes _____ No _____

About Your Veterinarian

Please provide contact information for your primary veterinarian. If you use more than one vet, please use the last comment section to provide contact information for them.

Name of veterinary practice or hospital: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____ Phone: _____

Your New Guinea Singing Dog Knowledge

Have you owned a New Guinea Singing Dog? Yes _____ No _____

If yes please describe your past experience: _____

What do you know about New Guinea Singing Dogs? _____

Have you met a New Guinea Singing Dog? Yes _____ No _____ Have you spoken to New Guinea Singing Dog owners? Yes _____ No _____

About The Dog You Want

Are you looking to: Foster _____ Adopt _____ Open to foster or adoption _____ Gender: Male _____ Female _____ Either _____

Age: Puppy _____ 1-4 years _____ 5-8 years _____ Older than 8 years _____ Any age _____

Would you consider fostering or adopting more than one New Guinea Singing Dog: Yes _____ No _____

Generally speaking, describe the temperament you are looking for in a dog? _____

What got you interested in the New Singing Dog (describe any qualities or traits you find appealing)? _____

What will a typical day look like for your New Guinea Singing Dog (how much time will the dog be alone, and when alone, where will it stay)? _____

Anything Else

Please use this space to add any additional comments (expectations, concerns, additional household or lifestyle information): _____