

Final Foster Dog Evaluation



**4 Paws for Ability
Foster Homes**

Dog's Name _____
Foster Family _____
Today's Date _____
Fostering Start - End Dates _____

What are your foster dog's strengths?

- Likes to use nose
- Picking up items
- Meeting people in public
- Obedience
- Child-Oriented
- Sound Aware
- Laid Back
- House Manners

Other: _____

What are your foster dog's favorite activities?

- Laying on the couch
- Playing ball
- Being in water
- Going in Public
- Cuddling

What is your foster dog's personality?

- Leader
- Follower
- Sensitive
- Confident
- Clingy
- Independent
- Tough

Please rate the following commands (Good - Fair - Poor)

- Sit
- Down
- Come
- Tricks
- Heel
- Go Potty
- Free

Other: _____

Please identify any behavior issues or things you are working on:

- Dominant behavior towards other dogs
- Over Activity
- Potty Training
- Obedience
- Dominant behavior towards people
- Mouthy
- Shyness
- Barking
- Chewing
- Protective behavior
- Nervous/Uncomfortable in vest
- Car Issues
- Crate Issues
- Separation Problems

Other: _____

Please explain any behavior issues checked above:

Explain:

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Health Concerns or Recurring Issues

Explain:

Additional Comments on your Foster Puppy (the more information the better, feel free to add pages)

Explain:

What would have made your fostering experience more positive?

Explain:

Were there any additional fostering supplies that you would have liked?

Explain:

Did you feel that your foster dog was a good match for your family?

| | |
|--|-----|
| | Yes |
| | No |

Why?

During your fostering experience, did you have an emergency?

| | |
|--|-----|
| | Yes |
| | No |

How did you feel it was handled?

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Did you feel prepared by the training staff to foster a puppy?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

Are you interested in fostering again?

| | |
|--------------------------|---------------|
| <input type="checkbox"/> | Yes: |
| <input type="checkbox"/> | Need a Break: |
| <input type="checkbox"/> | No: |

What handouts/information would have made you feel more prepared?

Explain:

Were your fostering questions answered in a timely manner?

| | |
|--------------------------|-------|
| <input type="checkbox"/> | Great |
| <input type="checkbox"/> | Good |
| <input type="checkbox"/> | Poor |

If you boarded your dog at 4 Paws, how was the experience?

| | |
|--------------------------|-------|
| <input type="checkbox"/> | Great |
| <input type="checkbox"/> | Good |
| <input type="checkbox"/> | Poor |

What dog training class did you take your dog to?

Was 4 Paws medical and veterinary care clear and available?

| | |
|--------------------------|-------|
| <input type="checkbox"/> | Great |
| <input type="checkbox"/> | Good |
| <input type="checkbox"/> | Poor |

How did it go?

Explain:

Comments on the fostering experience: