



**GOLDEN BEGINNINGS GOLDEN RETRIEVER RESCUE, INC.**

**FOSTER APPLICATION**

Name of Applicant/Dog's Primary Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's place of employment: \_\_\_\_\_

Applicant's drivers license number and state: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile/cell: \_\_\_\_\_

Emergency phone (give name & phone): \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Co-Applicant's place of employment: \_\_\_\_\_

Please list any other adults living in household: \_\_\_\_\_

Please list ALL children who live in the household and ages of all children: \_\_\_\_\_

Please list names and ages of ANY children who either live with you or visit you on a regular basis (include

Any grandchildren or other relatives): \_\_\_\_\_

Names, ages, spay/neuter status, species (dog, cat, etc.), & breed of ALL pets in your household:

How does your dog(s) react to other dogs? (friendly, submissive, growls, etc.): \_\_\_\_\_

Are ALL dogs in your household current on ALL recommended and/or required vaccinations? Yes / No

Please list dates of last vaccination:

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Other (Bordetella, Lymes) \_\_\_\_\_

Name, address, & phone number of current Veterinary Clinic and/or Veterinarian:

May we contact your veterinarian for a reference? Yes / No

Have you ever had a dog diagnosed and/or treated for heartworms? Yes / No If yes, please explain:

Do you own/rent? Live in (circle one): House Townhouse Apartment Duplex Trailer Other

Do you have the landlord's permission to have a dog over 50 lb.? Yes / No

Landlord's name, address, & phone number:

Do you have a fenced yard? Yes / No What type of fencing, and height of fence? \_\_\_\_\_

Do you allow your dog(s) to run in any unfenced areas? Yes/No If yes, please explain:

Is anyone home during the day? Yes / No If not, where will the dog be kept during the day?

If no one is home during day, about how many hours will the dog be left alone? \_\_\_\_\_

Where will the dog be kept during the day? \_\_\_\_\_

During the night? \_\_\_\_\_

Are you familiar with crate training? Yes / No

Do you have a crate available for use with your foster dog? Yes / No

What type of dog training experience do you have? \_\_\_\_\_

Are you aware that your foster dog may be an adult, with an unknown history, and no prior training?

Yes / No

Are you aware that your foster dog may chew, dig, bark, jump, or display other undesirable behaviors while in your care? Yes / No

Have you ever taken an obedience course with a dog? Yes / No Is your dog(s) obedience trained? Yes / No

Are you willing to work with your foster dog in areas such as basic obedience and house training? Yes / No

Have you had any experience in introducing new adult dogs into your household? Yes/No If yes, please describe how this was accomplished:

\_\_\_\_\_

Are you familiar with the concept of who in the household is Alpha, or top dog? Yes/No If yes, please describe your understanding of who Alpha is:

\_\_\_\_\_

Should a disagreement or fight occur between your own dog(s) and a foster, how would you handle the situation? What actions would you take to avoid this situation? Please be as detailed as possible in your response.

\_\_\_\_\_

Are you willing to supervise any children around your foster dog AT ALL TIMES? Yes / No

Please describe the type(s) of foster dogs you are willing to have in your home, i.e. seniors, puppies, adults, male, female, special need dogs (those who may be deaf, blind, recuperating from surgery, or with medical disorders such as epilepsy, low thyroid, etc.):

\_\_\_\_\_

How many dogs are you willing to foster at one time? (on occasion there may be a pair who need to remain together if possible): \_\_\_\_\_

Is there a preferred activity level for a dog you would want to foster? \_\_\_\_\_

Please describe your level of experience as a dog owner, and provide an honest assessment of your abilities to recognize and deal with any problem behaviors a foster dog might exhibit (i.e. barking, growling, possessiveness of food or toys, chewing, digging, jumping, lack of house training, etc.).

\_\_\_\_\_

\_\_\_\_\_

**\*\*Submission of application does NOT guarantee placement of a foster dog through Golden Beginnings Golden Retriever Rescue \*\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date