



GOLDEN BEGINNINGS GOLDEN RETRIEVER RESCUE

FOSTER APPLICATION

The information that you supply in this Foster Application is very important in achieving a successful placement. We rely on this information to identify a foster Golden that will fit your lifestyle and expectations and to determine whether your home will satisfy the needs of any dog you may foster. By giving full and complete information in this Foster Application, you will greatly assist us in the selection process.

Applicant Name: _____ Co-Applicant Name: _____

Address: _____ City, State & Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best Phone to Contact: Home Work Cell Best Time to Contact: _____

Applicant's Occupation & Work Schedule: _____

Co-Applicant's Occupation & Work Schedule: _____

Applicant's Age: _____ Co-Applicant's Age: _____ Ages of other adults in your home: _____

Ages of children in your home: _____ Ages of children regularly visiting your home: _____

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

Name, age, spay/neuter status, species of other pets in your home: _____

How does your dog(s) react to other dogs? _____

Are all pets in your home current on all vaccinations? Yes No NA

Vet Clinic Reference: _____

Vet Address: _____

Vet Phone: _____ Permission to contact your vet for a reference? Yes No NA

Are all dogs in your home currently on regular, year-round heartworm prevention? Yes No NA

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

Have you ever sold or given away a pet, or have you ever surrendered a pet to a shelter? Yes No

If yes, please explain the circumstances: _____

Housing Status: Own Rent

Housing Type: House Townhouse Apartment/Condo Duplex Trailer Other

If renting, do you have landlord's written permission to have dog over 50 lbs? Yes No NA

If renting, Landlord Contact Info: Name, address & phone number:

Do you have a fenced yard? Yes No If yes, type & height of fence: _____

Do you allow your dog to run in any unfenced area? Yes No If yes, please explain: _____

Is anyone home during the day? Yes No How many hours/day will the dog be home alone? _____

Where will the dog be kept during the day? _____

Where will it be kept at night? _____

Will your foster dog be in blocked-off parts of the house? Yes No

Will your foster dog be tied outside? Yes No

Are you familiar with crate training? Yes No Do you have a crate available? Yes No

What type of dog training experience do you have? _____

Are you aware the dog may chew, dig, bark, jump or display other undesirable behaviors? Yes No

Are you aware the dog may be an adult, with unknown history and no prior training? Yes No

Are you aware that Golden Retrievers shed year-round? Yes No

Are you aware that a large dog can knock down children and/or elderly? Yes No

Do any elderly or physically challenged persons live with you or visit frequently? Yes No

Is anyone in your home adversely affected by a dog (allergies, etc)? Yes No

Does everyone in your home want to foster a Golden Retriever? Yes No

Have you had any experience in introducing new adult dogs into your household? Yes No Please explain:

Should a disagreement or fight occur between your dog and a foster dog, how would you handle the situation?

What action would you take? _____

If you have had a pet die from age, illness, euthanasia, or an accident within the last 10 years, please give details:

Please list names and phone numbers of two references.

1. _____

2. _____

Permission to contact references? Yes No

Please describe the type(s) of foster dogs you are willing to have in your home, i.e. seniors, puppies, adults, gender, energy level, etc. _____

Would you consider a dog with special needs (blind, deaf, or medical disorders such as epilepsy, recuperating from surgery, etc.)? Yes No How many dogs are you willing to foster at one time? _____

Are you willing to use the veterinary clinics approved by GBGRR for your foster dog? Yes No

Are you able to transport your foster dog to vet appointments, adoption events, send updates about your foster dog via e-mail, and participate in the adoption process for your foster dog? Yes No

If no, please explain: _____

Have you ever fostered a dog for another organization in the past? Yes No

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.)

How did you hear of Golden Beginnings? _____

Applicant Signature/Date

Co-Applicant Signature/Date

PLEASE RETURN THIS APPLICATION TO: Golden Beginnings Golden Retriever Rescue
P. O. Box 940325
Houston, TX 77094

Thank you for your interest in helping a needy Golden and taking the time to complete our foster application. We will respond to your application as soon as possible. Golden Beginning is an all-volunteer organization serving the needs of abused or neglected Golden Retrievers.

February 2021