



# FOSTER HOME APPLICATION

Golden Retriever Rescue of Central NY Inc.

Complete, Sign & Send To:  
GRRCN Y Inc. FH Coordinator  
PO Box 735  
Jamesville NY 13078  
315/ 469-7926 or 607/ 533-9096

How did you hear about GRRCN Y? \_\_\_\_\_

## PERSONAL INFORMATION

Name of Applicant: \_\_\_\_\_

Name of Co-applicant (adults over 18 yrs. only): \_\_\_\_\_

Relationship to Applicant: Spouse Significant other Roommate Other

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

City, State, Zip: \_\_\_\_\_

Phone: Home ( ) Work ( )

E-mail \_\_\_\_\_

1. Why do you want to foster a Golden Retriever? \_\_\_\_\_
2. How many adults in household? \_\_\_\_\_ Ages \_\_\_\_\_ Children? \_\_\_\_\_ Ages \_\_\_\_\_
3. Who would have primary responsibility for caring for a foster dog? \_\_\_\_\_
4. If there are children in the household, (including visiting grandchildren), what are their ages and what is their experience with dogs? \_\_\_\_\_  
\_\_\_\_\_
5. Are you willing/able to adjust your schedule while a foster dog becomes acclimated to your home? \_\_\_\_\_  
How? \_\_\_\_\_
6. Are there any restrictions on how long you can foster a dog? \_\_\_\_\_
7. When would you be able to start fostering a dog? \_\_\_\_\_

## PERSONAL EXPERIENCE

8. Please describe your experience with dogs, including any formal obedience training in which you have participated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe any medical treatment you have given to dogs (i.e. given shots, administered pills, etc.) \_\_\_\_\_  
\_\_\_\_\_
10. Please describe in detail your attitudes toward training a dog or modifying undesirable behavior.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you own a large crate and are you familiar with the use of a crate as it relates to dog training? \_\_\_\_\_  
\_\_\_\_\_
12. What types of "dog supplies" do you currently have on hand? \_\_\_\_\_  
\_\_\_\_\_

13. What other specific skills do you have that would assist you in fostering? \_\_\_\_\_

**PET HISTORY**

14. Please list all the pets you have owned in the last five years (use additional paper, if necessary):

TYPE	SEX	AGE	SPAYED/ NEUTERED?	WHERE IS HE/SHE NOW?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. If you have ever had a pet die at an early age or due to an accident, please give details below: \_\_\_\_\_

**HOUSEHOLD & DOG CARE INFORMATION**

16. Do you live in a:     House           Townhouse           Apartment           Duplex           Condo

17. Do you:     Own     or     Rent

18. Do you have a fenced yard? \_\_\_\_\_ What type of fence? \_\_\_\_\_

19. If you do not have adequate fencing (i.e., a totally enclosed, secure fence), how will you provide exercise for the dog?     Consider bathroom time, as well as regular exercise. Who will supervise these outdoor activities (this includes all time the dog is outdoors).  
\_\_\_\_\_  
\_\_\_\_\_

20. Is there anyone home during the day? \_\_\_\_\_ Who

21. How many hours a day would the foster dog be alone? \_\_\_\_\_

22. Are there any other pets currently in the home? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

23. If you currently have pets, are all vaccinations current? \_\_\_\_\_ If you have another dog, does that dog take heart- worm preventive? \_\_\_\_\_ If not, why?

24. Specifically, where would the foster dog spend its days?

25. Where would the foster dog sleep?

**APPLICANT REFERENCES (If you rent, please list landlord)**

\_\_\_\_\_  
Name/Relationship/Phone No.

\_\_\_\_\_  
Name/Relationship/Phone No.

**APPLICANT SIGNATURE (S)**

I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the foster dog from my home by the **Golden Retriever Rescue of Central New York Inc.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant (must be at least 18 yrs.)

\_\_\_\_\_  
Date