

**Colorado Beagle Rescue, Inc.**  
4755 W 102<sup>nd</sup> Pl  
Westminster CO 80031-2321  
303-795-8331  
www.ColoradoBeagleRescue.org

**FOSTER INFORMATION AND EVALUATION FORM**

Dog's Name: \_\_\_\_\_ Foster Person(s): \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Foster Email Address: \_\_\_\_\_

Date Placed In Foster Home: \_\_\_\_\_ Date Adopted: \_\_\_\_\_

Spayed/Neutered Date: \_\_\_\_\_ If not, date scheduled for surgery: \_\_\_\_\_

Vet's Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Shots Date: \_\_\_\_\_ Rabies Date (Attach certificate): \_\_\_\_\_ Tag Number: \_\_\_\_\_

Description Of Dog (Sex, Age, Color, Size): \_\_\_\_\_

Explain how the dog acts in each of these situations.

- In cars:
- In crowds:
- On leash:
- With children:
- With men:
- With women:
- With cats:
- With birds:
- With dogs:
- Loud noises:
- Thunder/lightning:

When any question below is followed by several responses, circle the most appropriate response or responses. If no responses are shown, write in your answer to the question.

Category	Question	Possible Responses
Behavior in the home	Housebroken	Reliable Unreliable Lets us know when he/she has to go Familiar with dog door
	Able to negotiate stairs	Yes No
	Crate training	Good Afraid Whines Howls/barks (specify how long)

Category	Question	Possible Responses
	Grooming	Nails Ears Teeth
Energy level	Energy level	High Moderate Calm Combination (specify)
Food	Brand	
	Times fed	
	Amount fed each feeding	
	Supplements given	
Special needs	Socialization	
	Weight (loss, gain)	
	Medication	
	Vet care	
	Obedience training	
Problem behavior	Digging	
	Barking	
	Fence jumping	
	Fence climbing	
	Chewing	
	Any other	

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of foster person(s): \_\_\_\_\_

Date: \_\_\_\_\_

Return this completed form to: Colorado Beagle Rescue  
 4755 W 102<sup>nd</sup> Pl  
 Westminster CO 80031-2321