



Colorado Beagle Rescue

PO Box 2704
Littleton CO 80161-2704

303-464-9403
www.ColoradoBeagleRescue.org

For CBR use only	
Rescue Dog #	_____
Rescue Dog Name	_____
Acquired Date	_____
Placed Date	_____

FOSTER INFORMATION AND EVALUATION

Date: _____

Dog's #: _____ Dog's Name: _____ Gender: _____
M, NM, F, SF

Description of Dog (Age, Color, Size): _____

Fostering Adult 1:

Name: _____

Cell Phone: _____

Work Phone: _____

Personal Email: _____

Work Email: _____

Occupation: _____

Fostering Adult 2:

Name: _____

Cell Phone: _____

Work Phone: _____

Personal Email: _____

Work Email: _____

Occupation: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

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: _____

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)
	Grooming	Nails Ears Teeth
Energy level	Energy level	High Moderate Calm Combination (specify)
Food	Brand	
	Times fed	
	Amount fed each feeding	With or without water

Category	Question	Possible Responses
	Supplements given	
Special needs	Socialization	
	Weight (loss, gain)	
	Medication	
	Vet care	
	Obedience training	
Problem behavior	Digging	
	Barking	
	Fence jumping	
	Fence climbing	
	Chewing	
Original Medical Records And Registration Papers	Do I give them to the new family?	No. If possible make copies and give those to the new family. Please mail all original records to the CBR PO Box.
	Any other questions?	

Additional Comments: _____

Signatures of Fostering Person(s): _____ Date: _____
_____ Date: _____

Return this completed form to: **Colorado Beagle Rescue**
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