

**This page explains all of the fostering requirements, so you will know if you meet the requirements and what to expect.**

**Before you complete and mail this application, you must have a telephone interview with a Colorado Beagle Rescue volunteer. Leave a message at 303-464-9403, and your call will be returned.**

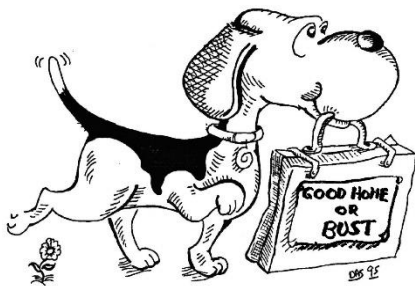
**If you and the volunteer believe you're a good candidate for a foster family, please fill out this Foster Care Application and mail or Email the completed form to:**

**Colorado Beagle Rescue, Inc  
PO Box 2704  
Littleton CO 80161-2704**

**[Carol@ColoradoBeagleRescue.org](mailto:Carol@ColoradoBeagleRescue.org)**

**The foster home has first choice to adopt the Beagle they are fostering.**

**Please scroll to see the forms.**



# Colorado Beagle Rescue, Inc.

PO Box 2704  
Littleton CO 80161-2704  
303-464-9403

[www.ColoradoBeagleRescue.org](http://www.ColoradoBeagleRescue.org)

## FOSTER CARE APPLICATION

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

### Fostering Adult 1:

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

### Fostering Adult 2:

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**When a question below is followed by multiple responses in capital letters, select one of the responses.**

Have you owned a dog since you were an adult?      YES      NO

Have you ever been owned by a Beagle?      YES      NO

What breed(s) did you own other than a Beagle? \_\_\_\_\_

What happened to the dog(s)? \_\_\_\_\_

If you have never owned a Beagle, how familiar with the breed are you? \_\_\_\_\_

### Preferences for dog:

Gender:      MALE      FEMALE      EITHER

Age:      YOUNG PUPPY (3-6 months)      OLDER PUPPY (6-24 months)  
         ADULT (2-8 years)      SENIOR (9 or more years)

Why are you wanting to foster a Beagle at this time? \_\_\_\_\_

What type of home do you have?      HOUSE      MOBILE HOME      CONDOMINIUM  
   APARTMENT      TOWNHOUSE

Do you own or rent your home?      OWN      RENT

If renting, does your lease allow you to have a dog?      YES      NO

If renting please provide your landlord's name: \_\_\_\_\_  
and phone number: \_\_\_\_\_

Do you have a secure fenced yard?      YES      NO

Fence type and height: \_\_\_\_\_

Do you presently have other pets?      YES      NO      If you answered yes, please list them below.

<b>Pet's Name</b>	<b>Type</b>	<b>Age</b>	<b>Gender</b>	<b>M</b>	<b>NM</b>	<b>F</b>	<b>SF</b>
_____	_____	____	_____				
_____	_____	____	_____				
_____	_____	____	_____				

If you currently have a dog(s), please describe their personality. Are they dominant or submissive?

\_\_\_\_\_  
\_\_\_\_\_

Are all your pets current on their vaccines?      YES      NO

If they are not up-to-date on their vaccines, please explain.

\_\_\_\_\_

How many adults are in your household? \_\_\_\_\_ Children? \_\_\_\_\_      \_\_\_\_\_ **Boy's Ages**      \_\_\_\_\_ **Girl's Ages**

Do all family members agree on fostering a Beagle?      YES      NO

Are any family members allergic to dogs?      YES      NO      If you answered yes, please explain.

\_\_\_\_\_

Do you expect any problems with your neighbors or their pets?      YES      NO      If you answered yes, please explain.

\_\_\_\_\_

How many hours is an adult home during the day? \_\_\_\_\_      At night? \_\_\_\_\_

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

Are you willing to house train the dog?      YES      NO

Are you willing to crate train the dog?      YES      NO

Are you willing to obedience train the dog?      YES      NO

Are you willing to socialize the dog?      YES      NO

Are you aware Beagles should not run loose in an unfenced area?      YES      NO

Do you understand the importance of spay/neutering your pets?      YES      NO

Are you aware that it can take up to several weeks or months for a new dog to fit in?      YES      NO

What steps are you willing to take to help your dog adjust?

\_\_\_\_\_  
\_\_\_\_\_

Are you established with a veterinarian?      YES      NO  
If you answered yes, what is the vet's name, address, phone?

Do you want CBR to recommend a vet?      YES      NO

Do you anticipate lifestyle changes (moving, pregnancy, health problems, etc.) in the near future that could interfere with raising a dog?      YES      NO      If yes, explain. \_\_\_\_\_

May we visit your home prior to fostering and perform annual checks?      YES      NO

Will this dog be a member of your family until a forever home is found?      YES      NO

**Special Note: We work very hard finding the right match for families who want to adopt Beagles. Occasionally, after locating the right Beagle for someone's needs, we learn they have already adopted another dog. If you acquire a dog from another source, please let us know so we can remove your name from our waiting list. This way we can keep our records up to date and better serve our other clients who are waiting for that special Beagle. Thanks for your help.**

Signatures of Fostering Person(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

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Littleton CO 80161-2704**

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**Do NOT fill in the information below. It is for Placement Committee use only.**

Home Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Dog's Name and CBR Number: \_\_\_\_\_

If you have additional comments please leave them below, thank you.

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