



# Colorado Beagle Rescue

PO Box 2704  
Littleton CO 80161-2704

303-464-9403  
www.ColoradoBeagleRescue.org

<b>For CBR use only</b>
Rescue Dog # _____
Rescue Dog Name _____
Acquired Date _____
Placed Date _____

## FOSTER CARE EVALUATION

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

Rescue Dog's #: \_\_\_\_\_ Rescue Dog's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ (M, NM, F, SF)

Description of the Rescue Dog (Age, Color, Size):

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

### Fostering Adult 1:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

### Fostering Adult 2:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_

<b>Explain how the dog acts in each of these situations.</b>
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	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	Responses
	Supplements given	
Special needs	Socialization with other animals and people	
	Weight (loss, gain)	
	Medication and Vet Care	Please use Medication /Treatment page to describe prescribed treatments and immunizations.
	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**  
**PO Box 2704**  
**Littleton CO 80161-2704**