



Colorado Beagle Rescue, Inc.

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

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 (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
 TOWNHOUSE OTHER: _____

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.

| Pet's Name | Type | Age | Gender | M | NM | F | SF |
|------------|-------|-------|--------|---|----|---|----|
| _____ | _____ | _____ | | | | | |
| _____ | _____ | _____ | | | | | |
| _____ | _____ | _____ | | | | | |

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? Please be specific.

Will you use a CBR pre-approved veterinarian? 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 preform annual checks? YES NO

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

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

_____ Date: _____

Mail or Email the completed form to:

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

Carol@ColoradoBeagleRescue.org

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.

