

Southeast Bloodhound Rescue, Inc.

Matching Bloodhounds with Loving Families

APPLICATION TO FOSTER

(TEMPORARY HOUSING)

Southeast Bloodhound Rescue, Inc., is a private charitable nonprofit rescue organization 501(c)3. Southeast Bloodhound Rescue, Inc., is the regional rescue organization affiliated with and approved by the American Bloodhound Club, Inc.

Please print all information carefully and in legible form.

We cannot process an application unless it is legible and complete.

Southeast Bloodhound Rescue, Inc. is always in need of loving foster homes. If you can open your heart and home to a foster dog, please complete this application and submit using the instructions at the end of this form.

YOUR INFORMATION

Date:	Email:	
Name:		_
Street Address:		_
City, State, Zip Co	;	
County:		
What two (2) local	nimal shelters or animal control units are nearest to your residence	ce?
Shelter Name:		
Shelter Name:		
Home Phone with	rea Code:	
Work Phone with	ea Code:	
Date of Birth:		

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adoption donation? \square yes \square no

YOUR HOME Do you presently own any pets? \square yes \square no (check one) If yes what kind: _____ If you own dog(s) are they spayed/neutered? \square yes \square no If not altered, why not: Do you own your home: \square yes \square no (check one) Do you have a fenced yard? \square yes \square no If yes: Height (feet) _____ Length (feet) ____ Width (feet) ____ Type of Fencing \square privacy \square chain link \square welded farm fence \square Other If other, please describe: Where will you keep the dog while you are not home? Do you have a wire crate \square yes \square no If yes, what size? Height (feet) _____ Length (feet) ____ Width (feet) ____ Why do you want to foster a dog? Are there children presently living in the house? \square yes \square no (check one) If Yes, what are their ages? Have you ever fostered a dog before? \square yes \square no (check one) Is there a limit to the length of time you can keep the dog until it gets adopted? \square yes \square no If yes, how long can you keep the dog? Why is there a limit? What traits would make a dog not eligible for foster at your home? How many hours will the dog be alone during the day? Do you understand that if you decide to permanently adopt this dog, you will be required to pay the standard

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Do you mind if an interested person comes to your home to look at the dog? \square yes \square no (check one)

REFERENCES

All References must include complete address and telephone numbers with area codes. Please advise your references that you have submitted their names to our organization and give them your permission to speak with us. The biggest source of denied applications are incorrect telephone numbers, incomplete address and reference that do not return our calls.

VETERINARIAN REFERENCE						
Clinic Name						
Veterinarian's Name						
Address	City	State	Zip			
Telephone	Date of Last visit (approx)					
	FAMILY REFER	RENCE				
List one (1) reference who is <i>A MEM</i>	ABER of your family but	does not reside with y	ou.			
Name	Relationship					
Address	City	State	Zip			
Day Phone	Evening	Cell				
	PERSONAL REFE	RENCES				
List three Personal References who	are not members of your	family and do not res	ide in your household.			
Personal reference #1: Name			, and the second			
How do you know this person?						
Address	City	State	Zip			
Day Phone	Evening	Cell				
Personal reference #2: Name						
How do you know this person?						
Address						
Day Phone	Evening	Cell				
Personal reference #3: Name						
How do you know this person?						
Address	City	State	Zip			
Day Phone	Evening	Cell				
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EMAIL COMPLETED FOSTER APPLICATION TO:

Southeast Bloodhound Rescue, Inc. (sebr@bellsouth.net)

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