

Foster Home Application

**Application To Foster (Temporary Housing)**

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

**Please print all information carefully and in legible form.  
Unreadable forms will be returned and delay processing.**

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 copy and complete this application and return to Southeast Bloodhound Rescue, Inc. via first class US Mail.

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

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone with Area Code: \_\_\_\_\_

Work Phone with Area Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Veterinarian's phone number with area code: \_\_\_\_\_

Do you presently own any pets? \_\_\_\_\_ YES \_\_\_\_\_ NO (check one)

If yes what kind: \_\_\_\_\_

If you own dog(s) are they spayed/neutered? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not altered, why not: \_\_\_\_\_

Do you own your home: \_\_\_\_\_ YES \_\_\_\_\_ NO (check one)

Do you have a fenced yard: \_\_\_\_\_ YES \_\_\_\_\_ NO (check one)

If Yes,

· What type fence: \_\_\_\_\_ Chain Link \_\_\_\_\_ Wood \_\_\_\_\_ Other: \_\_\_\_\_ Height: \_\_\_\_\_

Where will you keep the dog while you are not home? \_\_\_\_\_

Do you have a crate to keep the dog in? \_\_\_\_\_ YES \_\_\_\_\_ NO (check one)

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Why do you want to foster a dog? \_\_\_\_\_

Are there children presently living in the house? \_\_\_\_\_YES \_\_\_\_\_NO (check one)

If Yes, what are their ages? \_\_\_\_\_

Have you ever fostered a dog before? \_\_\_\_\_YES \_\_\_\_\_NO (check one)

Is there a limit to the length of time you can keep the dog until it gets adopted? \_\_\_\_\_YES\_\_\_\_\_NO

If so,

· How long can you keep the dog? \_\_\_\_\_

· Why is there a limit? \_\_\_\_\_

What traits would make a dog ineligible for foster at your home? \_\_\_\_\_

\_\_\_\_\_

How many hours will the dog be alone during the day? \_\_\_\_\_

List three (3) personal references (we DO contact references - include area code):

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

Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

Do you understand that if you decide to permanently adopt this dog, you will be required to pay the standard adoption donation? \_\_YES\_\_NO

Do you mind if an interested person comes to your home to look at the dog? \_\_\_\_\_YES \_\_\_\_\_NO (check

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one)

Please return this application to: Southeast Bloodhound Rescue, Inc.

Leanne Dayvolt  
61 Cypress Circle  
Carrollton, GA 30116  
(770) 836-8428  
sebr@bellsouth.net