

Basset Rescue Crew of the Southeast, Inc.
FOSTER HOME APPLICATION

Your Name: _____

Co-Applicants Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone numbers including area codes: Home: _____

Cell: _____ Work: _____

Email Address: _____

Number of adults in the household: _____ Number of children: _____ Ages: _____

Has everyone in the household agreed to take on the responsibility of a pet: _____

Does anyone in the household have any pet allergies? _____

Explain: _____

Type of dwelling do you live in? (i.e. house, condo, apt, farm, mobile home): _____

Do you own or rent? _____ How long have you lived here? _____

If you rent, has the landlord provided written permission for you to have a dog? _____

Is there a size/weight limitation on allowable dogs? _____ If yes, limit is _____

Landlord's name _____ Phone (include area code) _____

Do you have a securely fenced in area? _____ If yes, type of fencing _____

Height _____ Approximate size of fenced area _____

If no, what arrangements will you have for the basset's exercise and toilet duties? _____

Do you have a doggie door installed in your home? _____

Will this be your first pet? _____ What pets did you previously own? _____

What happened to them? _____

Do you presently have any other animals? _____

If yes, please list. Include name, breed, age, sex, and how long you've owned each pet.

1. _____

2. _____

3. _____

Are your pets spayed/neutered? ___ Next due date of all shots (rabies, DHLPP, etc)? _____

Are your pets on heartworm preventative? _____ Next due date? _____

Your veterinarian's name _____ Clinic name _____

Address _____ Phone (include area code) _____

Name on account _____

Why do you want to foster a basset hound? _____

Have you had bassets before? _____ How many now? _____ How many in past? _____

How do you plan to care for, train, and exercise the rescue dog? _____

Where will your rescue dog be kept during the day? _____ Night? _____

How many hours a day will your animal(s) be alone on a regular basis? _____

Where will the rescued basset sleep at night? _____

Do you have an age preference? Puppy _____ Young _____ Adult _____ Senior _____ None _____

What gender would you prefer? Male _____ Female _____ No Preference _____

Note: Our foster needs will in most cases determine age and sex of your foster basset.

Do you agree to foster the basset until adopted or other mutual arrangements have been made?

Are you willing to provide us with important foster home reports? _____

How were you referred to BaRCSE? _____

When will you be ready to foster? _____

Are you willing to have a home visit? _____

I/we understand that by submitting this application, I/we give BaRCSE, Inc. permission to access my veterinary records.

Signature of adult applicant(s):

_____ Date _____

_____ Date _____

Mail application to: BaRCSE, Inc Attn. Foster Home Director P.O. Box 2273, Columbia, SC 29202 or email: foster@barcse.org. You will be contacted by telephone in 7-10 days after we receive your application. Once approved, you will be asked to sign a fostering contract with BaRCSE.

For Office use: Application received _____ Vet records OK _____ references OK _____

Home visit done on _____ by _____

Foster approved: Date _____ by _____