



FIRST STATE GREYHOUND RESCUE, INC. APPLICATION FOR FOSTERING

It is important to provide truthful answers to all questions if you are serious about adopting an ex-racing greyhound from this organization.

All questions must be answered in full. All contact information for references must be provided.

APPLICANT:

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Township _____
How many years at this residence _____ Where was your previous home? _____
Home Phone _____ Work Phone _____ Mobile _____
Email _____ Age of Applicant _____ Occupation _____
Occupation of Co-Applicant _____ Driver's License No. _____
State Driver's License Issued _____ Where did you hear about FSGR? _____

VETERINARIAN INFORMATION:

1. Do you have a current Vet? ___ Yes ___ No
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
2. What person's name and pet name(s) are your records under? _____
3. Are your pet's records and immunizations all up-to-date? ___ YES ___ NO
4. How long has this been your veterinarian? _____
5. Is this vet familiar with Greyhounds? ___ Yes ___ No ___ Don't know
6. Previous Vet's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ How long ago was this your vet? _____

REFERENCES: No reference may be used twice. Please provide all contact information. If your existing and former pets have not been seen by a veterinarian on an annual basis, have not consistently received yearly vaccinations (excluding those with special medical issues), and have NOT had heartworm preventative on a consistent basis, do NOT apply to adopt a Greyhound.

1. Neighbor #1 Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Best Time to Call _____ Email _____
How long have you known Neighbor #1? _____
2. Neighbor #2 Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Best Time to Call _____ Email _____
How long have you known Neighbor #2? _____

3. Personal Friend #1 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Best Time to Call _____ Email _____
 How long have you known Friend #1? _____

4. Personal Friend #2 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Best Time to Call _____ Email _____
 How long have you known Friend #2? _____

5. Relative Name (over 25 yrs old) _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Best Time to Call _____ Email _____

GENERAL INFORMATION:

1. Are all family members in complete agreement about adopting a Greyhound? Yes No Not Sure
2. Type of Residence: ___Apartment ___Condo ___Townhouse ___Mobile Home ___Single Family ___Farm/Ranch
3. Is your residence: ___Urban ___Suburban ___Rural?
4. Do you own or rent residence? ___Own ___Rent
 - a. If you rent, does the landlord allow dogs over 50lbs? ___Yes ___No **If you rent, please include a copy of the rental agreement or a letter from the landlord stating that large dogs are permitted. Return the letter with this application.**
5. Does your municipality restrict the number of dogs per household? ___Yes ___No If YES, how many? _____
6. Do you have a fenced in yard? Yes No If YES, **(This adoption program does NOT recognize electronic/invisible fencing for Greyhound containment in any case or scenario):**
 - a. What is the height of the fence? _____
 - b. What is the dimension of yard area enclosed by the fence? _____
 - c. What type of fence? _____
 - d. Is the fence in good repair? ___Yes ___No
 - e. Do the gates open in or out from the containment area? In Out (A self-closing gate is recommended)
 - f. Is the fenced in area heavily wooded; are there holes, ruts and obstructions? Explain _____

7. Do the screen/storm doors of your home close securely and clasp? ___Yes ___No
 - a. Do they have screens and storm windows? ___Yes ___No
 - b. Are they self-close? ___Yes ___No
8. Number of persons over 18 in household: _____
9. Number of persons under 18 _____
10. Ages of each member under 17 _____
11. Are the children/grandchildren taught to respect and properly interact with dogs and other animals? ___Yes ___No
12. Do you consider your household to be busy or quiet? ___Busy ___Quiet
13. Does anyone in the household have allergies? ___Yes ___No If YES, any allergies to pet dander? ___Yes ___No
14. Name of adult family member with major responsibility for daily care of this Greyhound? _____
 - a. What is the relationship (Mother/Father)? _____

15. How far away are you from your nearest neighbor? _____
16. Do you smoke in the house? ___Yes ___No
17. Do any neighboring pets or any wild animals frequent your yard space? ___Yes ___No
18. Have you previously fostered a dog? ___Yes ___No If Yes, what breed(s)? _____
19. What type of pets did you previously own? ___Dogs ___Cats ___Pigs ___Ferrets ___Other, please name

20. What happened to them? _____
21. Did you ever return a pet to a humane society or pound? ___Yes ___No If YES, please explain _____

22. What pet dogs do you currently own (State breed, age, length of ownership and number of dogs) _____

23. What is the gender of these dogs? ___Female ___Male Are any of these dogs territorial ___Yes ___No
24. Are any of these dogs considered "alpha" ___Yes ___No
25. Are they spayed or neutered? ___Yes ___No If No, why not? _____
26. Do you own cats? ___Yes ___No If yes, how many? _____ How long have you had them? _____
Are the cats spayed/neutered? ___Yes ___No If No, why not? _____
27. Are the cats current with shots, including rabies? ___Yes ___No
28. Are the cats: ___house cats ___outside cats **All house cats must be up-to-date on vaccinations. Any reason(s) for exceptions must be justified by your veterinarian.**
29. Are the cats declawed? ___Yes ___No
30. Are any of these cats considered territorial? ___Yes ___No

GREYHOUND CONSIDERATION:

1. Why do you want to foster a Greyhound? _____

2. Greyhounds are not yard, garage or basement pets. Do you agree to foster your Greyhound **only** as a house pet? ___Yes ___No
3. Where will the foster Greyhound spend the majority of its time? Please explain: _____

4. How many hours each day will your foster Greyhound be alone/unattended? _____
5. Where will the foster Greyhound spend the nights? _____
6. Greyhounds are used to being crated. Are you willing to crate your foster Greyhound? ___Yes ___No
7. What type of crate do you have? _____
8. Can the adoption representative visit your home as part of the foster application process? ___Yes ___No
9. Do you employ a lawn care program that uses lawn chemicals? ___Yes ___No
10. Do you agree to keep the foster Greyhound within an impenetrable fenced-in area or walk on leash to relieve itself 3 or 4 times a day? ___Yes ___No
11. Do you agree to NEVER tie the foster Greyhound to a stationary object or to tie it to an overhead run? ___Yes ___No



SIGNATURES:

Foster

Date

Foster

Date

**First State Greyhound Rescue, Inc.
Foster Coordinator**

Date

If you are not familiar with Greyhounds, we require that you read Lee Livinggood’s “Retired Racing Greyhounds for Dummies”. The book is available through First State Greyhound Rescue, Inc. Forward a check for \$18 (includes tax and shipping), payable to First State Greyhound Rescue, Inc. A copy will be shipped to you upon receipt of your application. The book is not returnable in the event your application is not approved.

We sincerely appreciate your interest in fostering. It is a very worthwhile effort on behalf of the Greyhounds and enables us to place our Greyhounds in the most appropriate homes possible. Thank you!

Please send your application to:

Christine Guth
511 Wild Mint Lane
Allentown, PA 18104
484.201.5756
adoption@firstgreys.org

*When the reference checking process has been completed, we will contact you. The application review process could take several weeks.

Please be patient!

