



FOSTER APPLICATION

Name(s) (Please list all adult members of the household):

Children (Please list the names of all children in the household and their ages):

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-Mail: _____

Employer: _____ Business Phone: _____

Cellular Phone: _____ Fax: _____

Type of Residence (Please circle one): House Apartment Townhouse
Duplex/Triplex

Other (Please describe): _____

Do you own or rent? _____

If you rent, do you have permission from your landlord to foster a dog? _____

Why are you interested in fostering for Needle-Nose Greyhound Adoption? _____

How did you learn about greyhound adoption and our adoption group? _____

Do you have a fenced in yard? _____

If yes, please give fence height and condition: _____

Do you have other pets? _____

If yes, please list type(s) and age(s) _____

How many hours per day will your greyhound spend alone? _____

If more than 8 hours, are you willing to have someone come in to care for your dog while you are out? _____

REFERENCES:

Please give two names of people who have known you for at least two years who are not family members and are willing to serve as a reference for the fostering process.

1) Name: _____

Phone: _____ (Please call during day / evening)

2) Name: _____

Phone: _____ (Please call during day / evening)

I (we) certify that all information on this foster application is true and correct.

SIGNATURE:

Date: _____

Please note that after your application has been received a representative of Needle-Nose will be in touch to schedule a home visit.

Please mail this completed form to:

Brenda Aston

484 Mountsberg Rd RR2

Campbellville ON L0P 1B0