



# FIRST STATE GREYHOUND RESCUE, INC.

## APPLICATION FOR FOSTERING

It is important to provide truthful answers to all questions if you are serious about fostering 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 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Addy \_\_\_\_\_  
Age of applicant: \_\_\_\_\_ Occupation of applicant: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_  
Where did you hear about First State Greyhound Rescue? \_\_\_\_\_

**REFERENCES:** No reference may be used twice. Please provide all contact information. **If your existing and former pets (excluding those with special medical issues) have not been seen by a veterinarian on an annual basis and are not current on shots and heartworm preventative, do not apply to foster a greyhound.**

1. Do you have a current vet? ( ) Yes ( ) No

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

What person's name and pet name(s) are your records under? \_\_\_\_\_

Are your pet's records and immunizations all up-to-date? ( ) Yes ( ) No

How long has this been your veterinarian? \_\_\_\_\_ Is this vet familiar with greyhounds? ( ) Yes ( ) No ( ) Don't know

Previous Veterinarians Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
How long ago was this your vet? \_\_\_\_\_

4. Personal Friend's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Best time to call \_\_\_\_\_  
Email \_\_\_\_\_  
How long have you known this friend? \_\_\_\_\_

2. Neighbor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Best time to call \_\_\_\_\_  
Email \_\_\_\_\_  
How long have you known this neighbor? \_\_\_\_\_

5. Personal Friend's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Best time to call \_\_\_\_\_  
Email \_\_\_\_\_  
How long have you known this friend? \_\_\_\_\_

3. Neighbor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Best time to call \_\_\_\_\_  
Email \_\_\_\_\_  
How long have you known this neighbor? \_\_\_\_\_

6. Name of Relative over 25: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Best time to call \_\_\_\_\_  
Email \_\_\_\_\_

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**GENERAL INFORMATION:**

1. Type of Residence: ( ) Apartment; ( ) Condominium; ( ) Townhouse; ( ) Twin; ( ) Mobile Home; ( ) Single Family; ( ) Farm or Ranch.  
Is your residence: ( ) Urban; ( ) Suburban, ( ) Rural?
2. Do you: ( ) Own or ( ) Rent residence? If you rent, does the landlord allow dogs over 50 pounds? ( ) Yes; ( ) No **If you rent, include a copy of the rental agreement or a letter from the landlord stating large dogs are permitted. Return the letter with this application.** Does your municipality or township restrict the number of dogs per household? If so, to how many? \_\_\_\_\_
3. Do you have fenced in yard? ( ) Yes ( ) No What is the height of the fence? \_\_\_\_\_ What is the dimension of yard area enclosed by the fence? \_\_\_\_\_ What is the type of fence? \_\_\_\_\_ Is the fence in good repair? ( ) Yes ( ) No  
Do the gates open in or out from the containment area? ( ) In ( ) Out A self-closing gate is highly recommended.
- 3A. Is the fenced in area heavily wooded; are there holes, ruts and obstructions? ( ) Yes ( ) No Explain \_\_\_\_\_
- 3B. Do the screen/storm doors of your home close securely and clasp? ( ) Yes ( ) No Do they have screens and storm windows? ( ) Yes ( ) No  
Are they self-close? ( ) Yes ( ) No  
**This adoption program does not recognize electronic/invisible fencing for greyhound containment in any case or scenario.**
4. Number of persons over 18 in household. \_\_\_\_\_ Number of persons under 18 \_\_\_\_\_. Ages of each member under 17: \_\_\_\_\_
- 4A. Are the children and/or grandchildren taught to respect and properly interact with dogs and other animals? ( ) Yes ( ) No
- 4B. Do you consider your household to be busy or quiet? \_\_\_\_\_
5. Does anyone in the household have allergies? ( ) Yes ( ) No Any allergies to pet dander? ( ) Yes ( ) No
6. Name of adult family member with major responsibility for daily care of this greyhound? \_\_\_\_\_ What is the status of this family member?  
Mother; Father; Daughter; Son? Please name \_\_\_\_\_
7. How far away are you from your nearest neighbor? \_\_\_\_\_
8. Do you smoke in the house? ( ) Yes ( ) No
9. Do any neighboring pets or any wild animals frequent your yard space? ( ) Yes ( ) No
10. Have you previously fostered a dog? ( ) Yes ( ) No What breed/s? \_\_\_\_\_
11. What type of pets have you previously owned? ( ) Dogs; ( ) Cats; ( ) Pigs; ( ) Ferrets; Other, please name \_\_\_\_\_
12. What happened to them? \_\_\_\_\_
13. Did you ever return a pet to a humane society or pound? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_
14. What pet dogs do you currently own? State breed(s), age(s) and number of dogs. How long have you had them? \_\_\_\_\_
15. What is the gender of these dogs? ( ) Female ( ) Male Are any of these dogs territorial? ( ) Yes ( ) No
16. Are any of these dogs considered "alpha"? ( ) Yes ( ) No
17. Are they spayed or neutered? ( ) Yes ( ) No If no, why not? \_\_\_\_\_
18. Do you own cats? ( ) Yes ( ) No How many? \_\_\_\_\_ How long have you had them? \_\_\_\_\_ Ages? \_\_\_\_\_ Are they spayed/neutered?  
( ) Yes ( ) No If no, why not? \_\_\_\_\_
19. Are the cats current with shots, including rabies? ( ) Yes ( ) No Are the cats: ( ) house cats, or ( ) outside cats? All house cats must be up-to-date on vaccinations. Any reason/s for exceptions must be justified by your veterinarian.  
Are the cats declawed? ( ) Yes ( ) No Are any of these cats considered territorial? ( ) Yes ( ) No
20. What other pets do you own? What are they? \_\_\_\_\_ How many? \_\_\_\_\_  
How long have you had them? \_\_\_\_\_

**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 If no, why not?  
\_\_\_\_\_ What type of crate do you have? \_\_\_\_\_
7. Can the adoption organization representative visit your home as part of the foster application process? ( ) Yes ( ) No
8. Do you employ a lawn care program that uses lawn chemicals? ( ) Yes ( ) No
9. 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
10. Do you agree to NEVER tie the foster greyhound to a stationery object or to tie it to an overhead run? ( ) Yes ( ) No

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**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 Livingood'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](#)  
[610.395.0443](#)  
[gbink26@enter.net](mailto:gbink26@enter.net)

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