



# 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 nat 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:*

Patricia Kereliuk  
15 Province St S  
Hamilton ON L8K 2K7