



GOLDHEART FOSTER CARE PROVIDER APPLICATION

Name: _____ Phone: _____

Address: _____

City: _____ State/Zip _____

E-Mail: _____

Please answer as completely as possible. We will use your information to try to match you with appropriate dogs.

1. Why are you interested in fostering a Golden?

2. Have you ever fostered a dog before? _____

If yes, when, and for whom? _____

3. Are you interested in adopting a Golden for your household? _____

If yes why? _____

4. Are you able to foster any type of Golden? (Male, Female, Puppy, Older, Special Needs?)

5. Are you able to pick up or transport a dog? _____ How far can you travel? _____

6. Please describe any experience you have had with Golden Retrievers or with any other breeds. Include formal obedience or other training, and for what length of time?

7. Describe any medical treatment or special care you've provided to pets (clean/medicate ears, administer meds, orthopedic or surgical rehab, clip nails, etc...)

8. What other animals reside in your home? Describe their temperament: type/age/sex/altered? dominant/friendly/ hyperactive/ jealous, etc.

9. Are your pets up to date on vaccinations & heartworm preventative? _____

If no, why? _____

10. Please list all other animals you now own or have previously owned. (Breed or type/age/ sex/ spayed or neutered). Where are they now? (If deceased, please indicate what happened)

11. Do you own, rent or live with parents or another person? _____

IF YOU RENT OR LIVE IN A RESTRICTED CONDO YOU MUST ATTACH A COPY OF YOUR LEASE SHOWING PERMISSION TO HAVE A DOG OVER 50 POUNDS

12. Number of adults in household? _____ Senior Citizens? _____

Please list children and their age: _____

13. Do you have frequent visitors? _____ Do you travel frequently? _____

If so, how often do you travel and for how long? _____

14. Are you employed: full time / part time _____

15. Is anyone home during day/who? _____

16. How many hours will the dog be alone? _____

17. Where will dog stay when you are away during the day? If the dog will be restricted to a specific area of the house, please describe the area where the dog will be kept.

18. Have you ever crated a dog? _____ Do you own a crate? _____

How many hours per day will the dog be crated? _____

19. Please describe a typical day in you household. Please include what time you leave and return from work.

20. Where will the dog sleep at night? _____
(run of the house, crate, basement, outside/doghouse, garage, etc)

21. Where will the dog stay when you are on vacation?

22. Do you have a totally fenced & secured yard? _____

Type of fence _____ Height _____ Dimensions _____

23. If no fence, how will dog be contained on your property?

24. Is your lawn chemically treated? _____ Which chemical? _____

How often is your lawn treated? _____

25. Do you have an outside kennel? _____ What are the dimensions? _____

When will the dog be kenneled? _____

26. Do you plan to use your garage to kennel? _____ Will you use your basement? _____

Is this area furnished? _____ Please describe _____

27. Circle **ALL** items you own:

Crate

Cable run / tie-out

Dog Gate

Dog Door

Dog House

REFERENCES: Please provide the names & phone numbers of 2 references other than family members:

1. Name & address: _____

E-mail _____ Phone: _____

2. Name & address: _____

E-mail _____ Phone: _____

I(We) acknowledge that all information provided is correct and that I/we have answered all questions truthfully and as completely as possible.

SIGNED: _____ Date: _____

SIGNED: _____ Date: _____

NOTE: ALL FOSTER HOMES SHOULD BE MEMBERS OF GOLDHEART GOLDEN RETRIEVER RESCUE. IF YOU ARE NOT ALREADY A MEMBER, PLEASE SEND THE MEMBERSHIP FEE OF \$30 ALONG WITH YOUR FOSTER HOME APPLICATION.

PLEASE RETURN COMPLETED APPLICATION & MEMBERSHIP DUES (IF APPLICABLE) TO:

GoldHeart, Golden Retriever Rescue, Inc.

Foster Home Team Leader

PO Box 206

Mount Airy, MD 21771

GoldHeart Golden Retriever Rescue, Inc ~ An all-volunteer, charitable, 501(c)(3)m organization

www.goldheart.org ~ Goldheart@goldheart.org