

Fostering Application

Galgo Rescue International Network Foster Home Application

Fostering a Galgo is a serious responsibility requiring a great deal commitment.

This application has been designed to evaluate potential foster homes and address the suitability of each Galgo placed in a temporary home.

Name(s): _____

Permanent Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Work Telephone(s): _____

E-mail Address(es): _____

Occupation of Applicant(s): _____

How did you hear about the Galgo Rescue International Network, Inc. program:

(please mark all that apply)

_____ Internet Search

_____ Friend

_____ Referral

_____ Advertising

_____ TV/Radio Spot

_____ Event (indicate which below)

Other (or further info. on option above): _____

Total number of adults in home: _____

Total number of children in home: _____ Ages: _____

If children are under 8, do you agree to talk to a child/dog mentor before fostering and after placement should any problems arise?

_____ Yes

_____ No

Your residence:

_____ Single family home

_____ Condominium

_____ Apartment

_____ Duplex

_____ Mobile Home

_____ Event (indicate which below)

_____ *Other: (describe) _____

How long at present address: _____

Do you: _____ Own, _____ Rent,

If you rent; list landlord's name, address and phone number:

Do you live in a covenant controlled or otherwise restricted community?

_____ Yes

_____ No

If so, please provide the pertinent contact information for your homeowners association or governing body:

Who will be responsible for the care and training of your foster Galgo?

Approximately how many hours would your foster Galgo be alone each day? _____

If over 9, what accommodations will you make for the dog to relieve itself during the day?

_____ Yes

_____ No

(Doggy Doors not permitted as galgos must be leash walked)

_____ Pet Sitter

_____ Doggy Daycare

_____ *Other: (describe) _____

What is the activity level of your household?

_____ Quiet

_____ Moderately Active

_____ Active

_____ Very Active

Do you agree to return the foster Galgo to GRIN or another GRIN-authorized foster home when you travel or if you are absent from your home for an extended period of time?

_____ Yes

_____ No

Is your yard fenced?

_____ Yes

_____ No

If yes, please describe: _____

****PLEASE NOTE**** Fenced yards are preferred and galgos must be leash-walked even in the fenced yard during fostering unless otherwise noted by a GRIN advisor. Galgos are agile and experience has shown that they can clear 6

foot fences. We have learned that the safest thing is to always have the galgo on a leash, even in a fenced yard, at least during the adjustment period.

Do you agree to keep your foster Galgo leashed at all times, when out-of doors, in a fenced or unfenced area?

Yes

No

Do you agree to keep your foster Galgo as an indoor family pet?

Yes

No

Do you agree not to seclude the Galgo in a garage, basement, laundry room or other area away from the family?

Yes

No

Where will your foster Galgo sleep? _____

Do you agree to keep the buckle collar with the GRIN identification tags on your foster Galgo at all times?

Yes

No

Do you have a veterinarian?

Yes

No

If yes, is your veterinarian familiar with the special requirements and needs of sighthounds?

Yes

No

****PLEASE NOTE**** All veterinary care must be pre-authorized by the GRIN veterinary advisor PRIOR to treatment in order to reimburse you for expense UNLESS it is a life-threatening emergency.

Your veterinarian's name, address and phone number:

Are you aware of and willing to abide by, at all times, the local ordinances pertaining to animal/pet ownership?

Yes

No

Do you agree to immediately notify Galgo Rescue International Network, Inc. should your foster Galgo become lost or stolen?

Yes

No

Do you agree to contact Galgo Rescue International Network, Inc. if you unable or unwilling to keep your foster Galgo?

Yes

No

Have you ever adopted a pet from a shelter or rescue group?

Yes

No

If yes, when and what which shelter?: _____

Have you ever surrendered an animal to a shelter or rescue group?

Yes

No

If yes, when and for what reason? _____

Do you currently own a dog?

Yes

No

If yes, list breed, age and temperament: _____

Do you have any other pets?

Yes

No

If yes, describe, list age and temperament: _____

How many pets have you owned in the past five years? _____

Please describe and note what became of them: _____

Occasionally an older Galgo or a Galgo with special needs is available.

Would you consider fostering such a dog?

Yes

No

Is there any information that you feel is important that would affect your suitability as a foster home?

Yes

No

Why do you want to foster a Galgo?

Please list a personal reference, not a relative or household member that you have known for at least three years:

Name: _____

Phone #: _____

Address: _____

City, State and Zip Code: _____

I agree to a home visit to be conducted by a trained Galgo Rescue International Network volunteer.

I understand and agree to the need for screening of adopters. I certify that the information supplied on this application is true and correct

Signature: _____ Date: _____

Signature: _____ Date: _____

Galgo Rescue International Network, Inc. reserves the right to approve or disapprove any and all foster applications.

Acceptance of a foster application does not constitute acceptance for adoption - there is a separate application procedure for adoption.

*Please use the space below for any additional information.