

# Great Babies Rescue

Saving One Great Baby at a Time

## Application To Foster (Temporary Housing)

Date;

Name:

Street Address:

City:

State:

Zip Code:

County:

Home Phone with Area Code:

Work Phone with Area Code:

Date of Birth:

Driver's License Number:

Issuing State:

Social Security#

Do you presently own any pets? YES NO

If yes what kind:

If you own dog(s) are they spayed/neutered? YES NO

If not altered, why not: \_\_\_\_\_

Name of Veterinarian:

Address of Veterinarian:

Phone Number of Veterinarian:

Do you own your home: YES NO

Do you have a fenced yard: YES NO

If Yes,

• What type fence: Chain Link Wood Other:

• How high is the fence?

Where will you keep the dog while you are not home?

Do you have a crate to keep the dog in? YES NO

Why do you want to foster a dog?

Are there children presently living in the house? YES NO

If Yes,

- What are there ages?

Have you ever fostered a dog before? YES NO

Is there a limit to the length of time you can keep the dog until it gets adopted? YES NO

If so,

- How long can you keep the dog?
- Why is there a limit?

How many hours will the dog be alone during the day?

Do you understand that if you foster, you cannot permanently adopt this dog? YES NO

Do you mind if an interested person comes to your home to look at the dog? YES NO

Are you willing to bring the dog to the adoption days at pet stores? YES NO

Please return this application to:

Rescue Agency: Great Babies Rescue

Street Address: 773 West County Road 600 North

City: Orleans

State: IN

Zip Code: 47452