Helping Hounds Find Happy Homes

Foster Home Application

Name (adults in household): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Work Hours: _____

Place of Employment: _____

Occupation: _____

Email Address: _____

A successful foster home depends on both the selection of the right basset for your household and the understanding of his/her care taking needs. So that we may assist you with this selection please answer the following questions as completely as possible.

Do you have: House Condo Apartment Mobile Home

Do you: Own Rent

Have a Fenced in Yard? Yes No
Previous Dog Owner? Yes No
Own Other Animals? Yes No

Type	Breed	Gender	Spayed/Neutered	Age	Length of Ownership

Number of Children in Household: _____ If none, are you planning to have children? _____

How do other family members feel about fostering a basset? _____

Have you read about basset hounds and dog ownership? Yes No

Is anyone home during the day? Yes No
At night? Yes No
Where will the dog be kept during the day? _____
During the night? _____
When you are away from home? _____

Is anyone in the house allergic to dogs? Yes No If yes, who? _____

Are you willing to housetrain? Yes No

Obedience Train? Yes No

What vet will be taking care of your potentially new foster family member? _____

Address _____

Phone Number _____

Are you willing to have a home visit prior to the fostering? Yes No

If no, why not?

_____

_____

All of the information that I have provided on this application is, to the best of my knowledge, true and complete. I understand falsifying answers on this application, or at any other time during the foster home process, disqualifies the household I represent from the fostering of a dog from C.B.H.R.

I understand that submitting an application is no guarantee that I will receive a C.B.H.R. dog. I further understand that placement of these dogs is at the sole discretion of C.BH.R. and a reason for rejection of an application is not required. Upon completion and signing of this application and release of veterinary information I wish to be considered for fostering a C.B.H.R. dog.

I also understand that if I do foster a dog from C.B.H.R. and should choose not to continue fostering the dog it must be returned to C.B.H.R.

Applicant Signature: _____ Date: _____

RELEASE OF VETERINARY INFORMATION

I authorize any veterinarian or veterinary hospital/professional/kennel to furnish or discuss with any representative of C.B.H.R. all records in their possession regarding the care of the applicants dogs past or present. This information will be used in the foster care process of one of the dogs in care of C.B.H.R. This authorization shall remain valid for one year after the date it is signed.

Upon presentation of this release of information or a photocopy of same, you are directed to permit the personal review or discuss with a representative of C.B.H.R. the veterinary/kennel records.

_____ _____

Signature of authorization of release of information Date

Please return application to: C.B.H.R., Inc.
PO Box 80082
Charleston, SC 29416

_____ _____

Approved by Date

Comments: _____

_____

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