

# Foster Application

Email to: [foster@galtx-centex.org](mailto:foster@galtx-centex.org)

Mail to: GALT-Central Texas P.O. Box 10069 Austin, Texas 78766



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License : \_\_\_\_\_

Where do you work?

What is your occupation?

Name a contact person that can always reach you and their phone number.

Why would you like to foster a greyhound?

Do you currently have a greyhound or previously owned a greyhound? ☐ Yes ☐ No

What is your knowledge of the breed?

Describe your residence : (# of stories, flooring type, etc.)

Do you own or rent your home? ☐ Rent ☐ Own

If you rent, do you have the approval of your landlord to have an animal? ☐ Yes ☐ No

Landlord's Name and Phone Number:

Do you have a completely fenced yard? ☐ Yes ☐ No

What type of fence?

What is the height of the fence?

How many adults live in your home?

List the children that live in the home and their ages:

What other pets do you have? (List type, sex, and whether altered)

# Foster Application

Email to: [foster@galtx-centex.org](mailto:foster@galtx-centex.org)

Mail to: GALT-Central Texas P.O. Box 10069 Austin, Texas 78766



Are your pets currently on vaccinations and medical care and do they receive monthly preventatives for heartworm and fleas/ticks? ☐ Yes ☐ No ☐ no pets

What last name and pet names are your records under at the Vet? Be advised: if your current pets are not up to date on vaccinations and HW test/preventatives, you will fail your vet check. ☐ no pets

Veterinarian's Name, Phone Number and Address:

Approximately how many hours will your foster dog be alone each day?

Do you own a crate? ☐ Yes ☐ No

What is the size of your crate?

How will you teach housebreaking?

Where will your foster dog spend its time during the day?

Where will your foster spend its time at night?

Occasionally on older Greyhound or one with special needs is in need of foster care.

Would you consider fostering such a dog? ☐ Yes ☐ No ☐ Maybe

Do you agree to keep a collar with GALT id tags on the foster at all times? ☐ Yes ☐ No

Do you agree to immediately notify GALT if the foster dog become lost or stolen?

☐ Yes ☐ No

Do you agree to keep your foster dog leashed at all times, which out-of-doors, in an unfenced area? ☐ Yes ☐ No

Do you agree to carry homeowner's or renter's, as the case may be, personal liability insurance coverage in an amount of \$100,000/\$300,000 for the additional purpose of insuring against any possible property or personal injury claims arising from any action or incident caused by the Greyhound while in your care? ☐ Yes ☐ No

# Foster Application

Email to: [foster@galtx-centex.org](mailto:foster@galtx-centex.org)

Mail to: GALT-Central Texas P.O. Box 10069 Austin, Texas 78766



Your foster dog may need to be in your care for several weeks. Are you willing and prepared to allow this much time to foster the greyhound? ☐ Yes ☐ No

Are you able and willing to bring your foster dog to at least 2 “Meet and Greys” meet and greets every month so that the greyhound may be seen as an available dog?

☐ Yes ☐ No

Please list two references that you have known for more than one year. At least one of your references should be a neighbor. References cannot be family members. If you volunteer for GALT, please use GALT friends as references! To speed up the process, notify your references that they will be contacted so that they will answer their phone.

Name and contact info: \_\_\_\_\_

Name and contact info: \_\_\_\_\_

## Applicant(s) Signatures:

By typing/signing my/our name(s) below, I/we affix my/our electronic/signature(s) acknowledging that the information supplied herein is true and correct. I/we give Greyhound Adoption League of Texas (GALT), Inc. permission to verify any information contained herein.

I/We authorize my/our veterinarian to release information regarding my/our pets to a representative of GALT. If the information in this application is found to be false, GALT retains the right to decline this adoption request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_