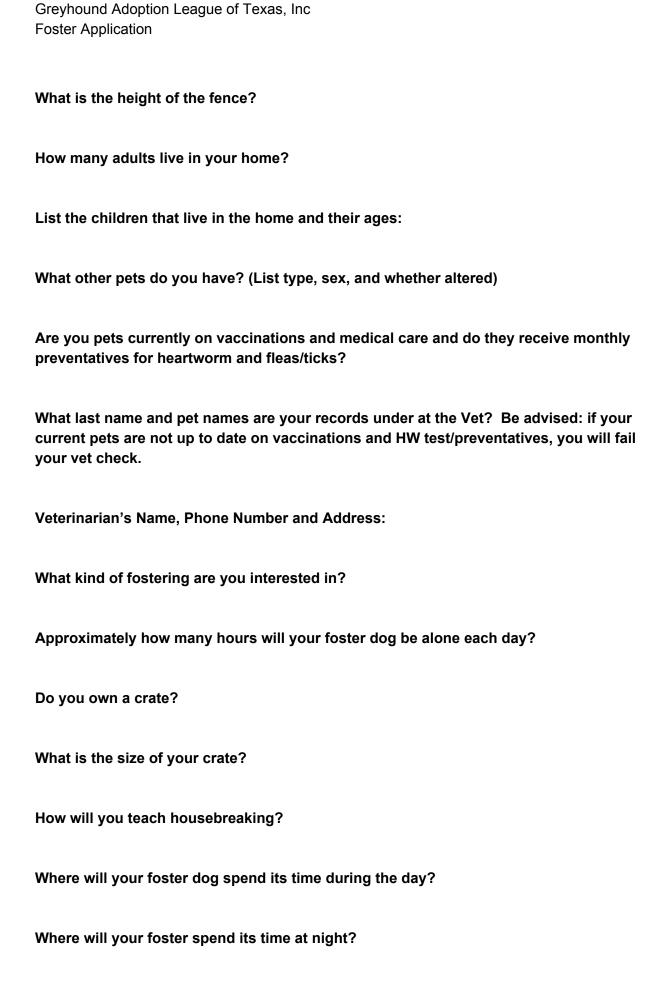
Name: Address: Home Phone: Cell Phone: Work Phone: Email:
Driver's License:
Where do you work?
Name a contact person that can always reach you and their phone number.
Why would you like to foster a greyhound?
Do you currently have a greyhound or have you previously owned a greyhound?
What is your knowledge of the breed?
Describe your residence:
Do you own or rent your home?
If you rent, have you received the approval of your landlord to have an animal?
Landlord's Name and Phone Number:
Do you have a completely fenced yard?
What type of fence?

Greyhound Adoption League of Texas, Inc Foster Application



Greyhound Adoption League of Texas, Inc Foster Application

Occasionally on older Greyhound or one with special needs is in need of foster care. Would you consider fostering such a dog?

Do you agree to keep a collar with GALT identification tags on the foster dog at all times?

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

Do you agree to keep your foster dog leashed at all times, which out-of-doors, in an unfenced area?

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?

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?

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?

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:

Signatures

By typing/entering 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, Inc Foster Application

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.

Name (counts as signature):	
Date:	
Name (counts as signature):	
Date:	