Fostering Application

Total number of adults in home: _____

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 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

Your veterinarian's name, address and phone number:
Are you aware of and william to childs by at all times the least and in one or marterialism to an invalve at aware in 2
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 ves, when and for what reason?

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.

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: 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.				
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:				
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Address:	Name:	_		
City, State and Zip Code:	Phone #:			
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*Please use the space below for any additional information.	*Please use the space below for any additional in	nformation.		