



401 N. Park Street  
Seminole, OK 74868  
405-205-7935  
www.fasthound.org

### Greyhound Foster Application

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

Spouse's or Partner's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

1. Do you have other dogs? \_\_\_\_\_ YES \_\_\_\_\_ NO Hoe Many: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Do you have any other pets i.e. cats, birds, rodents, reptiles? \_\_\_\_\_ YES \_\_\_\_\_ NO

Type of Animal \_\_\_\_\_ AGE: \_\_\_\_\_

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Type of Animal \_\_\_\_\_ AGE: \_\_\_\_\_

3. Are your pets spayed or neutered? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Since greyhounds are sight hounds rather than scent hounds, greyhounds **must be** kept on leash at all times when not within a securely fenced area. If your place a residence does not have a securely fenced area to excise a greyhound, do understand and agree that your foster greyhound will need to be walked, **on a leash**, several times a day to relieve him or herself? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. What veterinarian do you currently use?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

6. Do you agree to all the following conditions? \_\_\_\_\_ YES \_\_\_\_\_ NO

(a) to never tie the greyhound up to any stationary object;

(b) to never allow the greyhound to run loose;

(c) to keep the greyhound indoors as a companion and not leave them outside, in a garage or locked in a room;

7. Are all members of your family in agreement with this decision to foster? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. Please list two personal references (not family member) and their telephone numbers.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

How long and in what capacity do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

How long and in what capacity do you know this person? \_\_\_\_\_

**FASTHound Greyhound Adoption reserves the right to deny the foster of one of our greyhounds for any reason.**

**I HEREBY CERTIFY that the information given in this Greyhound foster application is true and correct. I authorize FASTHound Greyhound Adoption to contact the individuals and veterinarian listed in this application to verify information and obtain references. I accept all responsibility for the actions of the greyhound(s) I will foster and release FASTHound Greyhound Adoption for any all liabilities resulting for the actions of the foster(s) while in my care.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Drivers License Number & State:** \_\_\_\_\_