

**TRI-STATE BASSET HOUND RESCUE, INC.**  
**FOSTER HOME APPLICATION**

Name & Age of **Each** Adult in Household \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

1. In what type of housing do you live? Apt/Condo \_\_\_\_\_ Townhouse \_\_\_\_\_ Single Family \_\_\_\_\_

2. Do you: Own? \_\_\_\_\_ Rent? \_\_\_\_\_ If renting, does landlord permit dogs? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

Is there a size/weight limitation on allowable dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

If renting: Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

3. Do you have a fenced-in yard? \_\_\_\_\_ Description of fence and yard: \_\_\_\_\_

4. Makeup of household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children: \_\_\_\_\_

5. Does anyone in the household have allergies? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

6. Which family member will have major responsibility of caring for the dog? \_\_\_\_\_

7. How many hours a day will the dog normally be left alone? \_\_\_\_\_

8. How close is your nearest neighbor? \_\_\_\_\_

9. Will this be your first pet? \_\_\_\_\_ What pets did you previously own? \_\_\_\_\_

What happened to them? \_\_\_\_\_

What pets do you currently own? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_ (please list) \_\_\_\_\_

If you currently own a dog, is it neutered/spayed? \_\_\_\_\_ What breed? \_\_\_\_\_ Age? \_\_\_\_\_ Sex? \_\_\_\_\_

10. Who is your veterinarian? (Name/telephone) \_\_\_\_\_

What pet name & last name are your vet records under? \_\_\_\_\_

11. Why do you want to foster a Basset Hound? \_\_\_\_\_

12. What sex do you prefer? Male \_\_\_\_\_ Female \_\_\_\_\_ Age preference? \_\_\_\_\_

Note: Our fostering needs will in most cases determine age and sex of your foster Basset.

13. Where will your foster Basset spend most of its time? \_\_\_\_\_

14. Do you agree to return your foster Basset to us when a new home is found? \_\_\_\_\_

15. Are you willing to provide us with important foster home reports? \_\_\_\_\_

16. How were you referred to Tri-State BH Rescue? \_\_\_\_\_

17. When will you be ready to foster? \_\_\_\_\_

Signature: (All adult members of household must sign) \_\_\_\_\_

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

**Mail foster applications to: Tri-State Basset Hound Rescue, Inc., c/o Sandy Gera, 10 Whitetail Drive, Chadds Ford, PA 19317. If you do not hear from us, please call Sandy Gera or Bob Arnold at 610-388-2434, weeknights from 6:30 - 9:00 pm to follow up.** You will be contacted by telephone after we receive your application. Once approved, you will be asked to sign a fostering contract with TSBHR. DOGS WILL BE PLACED WITHIN THE NJ, NY AND EASTERN PA AREAS.