



## Foster Home Application

Name (adults in household): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

A successful foster home depends on both the selection of the right basset for your household and the understanding of his/her care taking needs. So that we may assist you with this selection please answer the following questions as completely as possible.

Do you have:    House                      Condo                      Apartment                      Mobile Home

Do you:              Own                      Rent

Have a Fenced in Yard?              Yes                      No

Previous Dog Owner?              Yes                      No

Own Other Animals?              Yes                      No

Type	Breed	Gender	Spayed/Neutered	Age	Length of Ownership
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of Children in Household: \_\_\_\_\_ If none, are you planning to have children? \_\_\_\_\_

How do other family members feel about fostering a basset? \_\_\_\_\_

Have you read about basset hounds and dog ownership?    Yes    No

Is anyone home during the day?    Yes              No

At night?    Yes              No

Where will the dog be kept during the day? \_\_\_\_\_

During the night? \_\_\_\_\_

When you are away from home? \_\_\_\_\_

Is anyone in the house allergic to dogs? Yes No If yes, who? \_\_\_\_\_

Are you willing to housetrain? Yes No  
Obedience Train? Yes No

What vet will be taking care of your potentially new foster family member? \_\_\_\_\_

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Are you willing to have a home visit prior to the fostering? Yes No  
If no, why not? \_\_\_\_\_

All of the information that I have provided on this application is, to the best of my knowledge, true and complete. I understand falsifying answers on this application, or at any other time during the foster home process, disqualifies the household I represent from the fostering of a dog from C.B.H.R.

I understand that submitting an application is no guarantee that I will receive a C.B.H.R. dog. I further understand that placement of these dogs is at the sole discretion of C.B.H.R. and a reason for rejection of an application is not required. Upon completion and signing of this application and release of veterinary information I wish to be considered for fostering a C.B.H.R. dog.

I also understand that if I do foster a dog from C.B.H.R. and should choose not to continue fostering the dog it must be returned to C.B.H.R.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE OF VETERINARY INFORMATION

I authorize any veterinarian or veterinary hospital/professional/kennel to furnish or discuss with any representative of C.B.H.R. all records in their possession regarding the care of the applicants dogs past or present. This information will be used in the foster care process of one of the dogs in care of C.B.H.R. This authorization shall remain valid for one year after the date it is signed.

Upon presentation of this release of information or a photocopy of same, you are directed to permit the personal review or discuss with a representative of C.B.H.R. the veterinary/kennel records.

\_\_\_\_\_  
Signature of authorization of release of information Date

Please return application to: C.B.H.R., Inc.  
PO Box 80082  
Charleston, SC 29416

\_\_\_\_\_  
Approved By Date

Comments: \_\_\_\_\_