



FOSTER APPLICATION

THANK YOU FOR YOUR INTEREST IN FOSTERING A BEAGLE THROUGH ARIZONA BEAGLE RESCUE AND HELPING TO SAVE A LIFE!

FOSTER FAMILY INFORMATION:

Today's Date:								
Name:								
Address:				Cross-streets:				
City:			State:			Zip Code:		
Home Phone:			Work:			Cell:		
Alternate Contact & Phone #:								
Email Address:								

Are you also interested in adopting?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
How did you hear about Arizona Beagle Rescue?				
Can we thank someone for referring you?				

FAMILY ENVIORNMENT:

Do you agree to a home visit prior to fostering?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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The home visit is not to check for housekeeping, but is meant to ensure that your home is compatible with a Beagle's lifestyle. We will check for indoor living and sleeping arrangements, fencing, toilet and feeding arrangements, etc. We will also discuss the process of fostering.

How many members in the household?	<input type="text"/>	Please include age of children:	<input type="text"/>
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What are the occupations of the adults in the household?	<input type="text"/>
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Is anyone home during the day?	<input type="text"/>
How many hours a day would your foster generally be left alone?	<input type="text"/>
Where would your foster stay while you/your family is at work/school?	<input type="text"/>

Why did you choose to foster a beagle?	<input type="text"/>
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Do you have any other pets now?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please list all pets below:		
Type/Breed	Name	Age	Sex	Neutered/Spayed?	How long owned?	Last Vaccinations	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is anyone in the home allergic to dogs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please explain severity and treatment below :		
<input type="text"/>							

HOME INFORMATION:

Type of dwelling:	House	<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Condo	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Other	<input type="checkbox"/>
Do you	Own	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Landlord Name:	<input type="text"/>			Phone:	<input type="text"/>

Please note that we will require a written approval from your landlord stating you are allowed to have a Beagle in your rental PRIOR to your home visit being scheduled.

Is there a size/weight limit on allowable pets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please state restrictions			<input type="text"/>		
Does your yard have a secure fence?	Front Yard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Back Yard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of fence	Wood	<input type="checkbox"/>	Block	<input type="checkbox"/>	Chain Link	<input type="checkbox"/>	Other (specify)	<input type="text"/>		
How tall is the fence?	Front Yard	<input type="text"/>	Back Yard	<input type="text"/>	All Gates have locks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

P.O. BOX 36854
 Phoenix, AZ 85067-6854
 (623) 977 1355 Fosterdog@azbeaglerescue.com
www.azbeaglerescue.com
 Rev: 03/10



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Will your foster live	Indoors?		Outdoors?		Both?	
Will your foster sleep	Indoors?		Outdoors?		Both?	
Do you plan to install a doggie door?		Yes		No		Already have one
Will you provide your Beagle access to the air-conditioned indoors during the day?		Yes		No		Not sure

GENERAL CARE OF THE BEAGLE:

Have you ever trained a Beagle before?	Yes:		No:	
Are you willing to work with an AZBR trainer if needed for your foster?	Yes:		No:	

Are you willing to use AZBR Partner vets when your foster beagle needs medical care?	Yes:		No:	
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FOSTERING A BEAGLE:

Have you had any Beagle experience?	Yes		No	
Have you ever fostered a rescue dog?	Yes		No	
Have you researched the Beagle Breed?	Yes		No	
Describe your impression of the Beagle Breed:				

Are you aware of the following characteristics of many Beagles?							
Food Hounds	Howlers	Curious	Active	Shedders	Diggers	Cannot be off leash!	
Scent-Driven	Barkers	Stubborn	Smart	Escapers	Mischievous	Counter surfers	

FOSTER PREFERENCES:

Do you have a sex preference of your foster?	Male		Female		No preference	
Do you have an age preference of your foster?	Under 2		2-6 years		7+ years	No preference
Are you able to foster?...	Beagle Mix		Senior		Special Medical Needs	Other hound

Do all members of your household understand that it takes time for a Beagle to adjust in a new environment?			
Yes	No	Not sure	

Are you willing to allow your foster Beagle at least TWO weeks to adjust and settle in, before requesting they be moved?(barring extreme circumstances)?			
Yes	No	Not sure	

Have you ever been convicted of animal cruelty?	Yes:		No:	
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After completing your foster application, please email to the Foster Coordinator at fosterdog@azbeaglerescue.com . You can also complete this form and mail to the address below or fax to 602-606-8313.

If you are also interested in adopting, please complete the adoption application and email to the Adoption Coordinator at adoptions@azbeaglerescue.com .

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