



LOW COUNTRY GOLDEN
RETRIEVER RESCUE RESOURCE
FOSTER APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

First Name: Last Name:

Co-Applicant:

Street address:

Mailing address (if different)

City: State Zip

Home Phone: Work Phone(s):

Email Address:

A complete answer to the following questions will enable us to be more familiar with your situation and will help us find the right Golden Retriever for you to foster.

Please list and give the ages of ANY children who live with you or visit on a regular basis:

Do they share your interest in fostering a Golden Retriever?

Please list and give the ages of all animals, breed and their neuter status who live with you:

How do(es) your dog(s) react to other dogs?

Are ALL the dogs in your household current on ALL recommended and/or required

vaccinations? YES or NO

Please list dates of last vaccination:

Rabies DHLPP Bordetella Other

May we visit your home prior to application approval? YES or NO

Please provide the full name, address, and phone number of your current veterinarian:

Name Phone

City State Zip

Do we have permission to contact your veterinarian? YES or NO

Do you own rent

If you rent:

Landlord's Name Phone number

Do you have the permission of your landlord to have a dog? YES NO

Up to what size?

Will the dog be allowed in the house? YES NO

How long will the dog be left alone?

Where will the dog stay when you are away from the house?

Where will the dog sleep at night

Will your dog: (Check all that apply)

have the run of the house

be in blocked-off parts of the house

be tied outside

live in the yard

Are you familiar with the use of a dog crate to train and/or confine the pet

during your absence or at night? YES or NO

Are you willing to use a crate? YES or NO

Is your yard fenced? YES or NO Type/Height of fence?

If you do not have a fence, do you plan to install one? YES or NO

Size of dog's yard area

Will the dog be walked daily? YES or NO

Exercised in a fenced yard? YES or NO

Allowed to run free? YES or NO

What type of dog training experience do you have?

Have you ever owned a Golden Retriever? YES or NO

Please tell any experience you have had introducing new adult dogs into your household:

Are you familiar with the concept of who in the household is Alpha, or top dog
YES or NO

If yes please describe:

Should a disagreement or fight occur between your own dog and a foster, how would you handle the situation? What actions would you take to avoid this situation?

Are you willing to supervise any children around your foster dog AT ALL TIMES?
YES or NO

Please describe the type of foster dog you are willing to have in your home, i.e. seniors, puppy, special needs, heartworm positive, medical conditions, recuperating from surgery etc.

How many dogs are you willing to foster at one time?

Please describe your level of experience as a dog owner, and provide an honest assessment of your abilities to deal with any problem behaviors a foster dog might exhibit (i.e. barking, digging, growling, chewing, food possessiveness, jumping, lack of house training etc)

Please tell us how you became aware of LCGRR and its programs:

Referral from whom? Web link from where?

Flyer Web search Other

Completion and submission of this application does not guarantee placement of a foster dog through Low Country Golden Retriever Rescue.

Applicant's Name:

Applicant's Signature: Date:

**Return completed form to:
LCGRR,
P.O. Box 803,
Johns Island SC 29457**