



Oregon Basset Hound Rescue, Inc.  
Foster Application

Name/s \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_

Have you ever owned a dog before? \_\_\_\_\_ What breed(s)? \_\_\_\_\_  
Have you ever owned a Basset before? \_\_\_\_\_

Do you presently own any other animals?  
Type/Breed Sex Altered? Shots up to date? How long have you had this animal?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of adults in your household? \_\_\_\_\_ Children? \_\_\_\_\_ Please list name and age of children: \_\_\_\_\_  
\_\_\_\_\_

How do other members of the family feel about fostering a Basset Hound?  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone at home allergic to dogs? \_\_\_\_\_ If so, who? \_\_\_\_\_  
Are you willing to housetrain a dog if necessary? \_\_\_\_\_  
Do you own or rent your home? \_\_\_\_\_ How long have you lived here? \_\_\_\_\_  
If renting, do you have written permission from the landlord to have a dog? \_\_\_\_\_  
Dwelling Type: House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ If mobile, in a park? \_\_\_\_\_

Do you have a fenced area with shelter ready for this dog? \_\_\_\_\_  
If yes, type of fence: \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
Will someone usually be home with the dog during the day? \_\_\_\_\_ At Night? \_\_\_\_\_  
Where will the dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_  
When you are away from home? \_\_\_\_\_  
Are you established with a vet? \_\_\_\_\_ Who? \_\_\_\_\_  
May a rescue representative make a home visit prior to fostering? \_\_\_\_\_

Is there anything else you feel you need us to know? \_\_\_\_\_

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Please list two references that we may contact regarding your care for animals. One of those references may be a veterinarian.

Name City Phone #

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All of the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying answers on this application, or at any other time during the fostering process, disqualifies me from fostering and future adoption.

X: \_\_\_\_\_

Signature(s) of applicant(s)

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

Please return this application to:

Approved/OBHR Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to,

Oregon Basset Hound Rescue  
PO Box 20254  
Keiser, OR 97307