| Application to Foster a Retired Racing Greyhound |
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| **Through the** |
| **Greyhound Supporters (GS)** |
| **86 Glamorgan Drive, Kanata, ON K2L 1R4** |
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| Applicant #1 Name:  |
| Phone #: | Cell #: |  |
| Preferred E-Mail Address: |
| Applicant #2 Name:  |
| Phone #: | Cell #: |  |
| Preferred E-Mail Address: |
| Home street address:  | City: |
| Province:  | Postal Code:  |
| Names and Ages of Children (if under the age of 18): |
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| Names of Other Adults Residing in Home: |
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| **Note: Your application may not be approved if any child is younger than 6 years.****Note: All applicants will be contacted once the application is reviewed and the references checked.** |

| **Where required, please circle/highlight the appropriate response for the following.** |
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| **Residence** |
| Do you rent, lease or own your home? | Rent | Lease | Own |
| Type of home: | Apartment | Single Family | Semi-detached | Town-home |
| Fenced yard with minimum 5’ fence? | Yes | No |
| If rented or leased, please provide name, address and phone number of Landlord. If a condo, please provide name, address and phone number of the Property Management Company. |
|  Name: |  |
|  Address:   |  |
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|   |
| Phone #: |   |
| What would be the best time to contact you? (h - h):  |  |
| **Knowledge** |
| How did you hear about the Greyhound Supporters? |
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| Have you previously owned a retired racing greyhound? | Yes | No |
| If yes, please provide some details about your greyhound and its life with you. |
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| If no, where did you obtain your knowledge of retired racing greyhounds? |
| Books | Web sites | Shelter helper | Family/ Friend |
| Why do you want to foster a greyhound? |
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| **Family Pets** |
| Do you own a dog currently? | Yes | No |
| Have you previously owned a dog? | Yes | No |
| How would you rate your knowledge of dog behaviour? | Fair | Good | Excellent |
| How many indoor pets do you currently have? |
| Dogs:  | Cats: | Birds: | Other: |
| If **Dogs**, are they spayed/neutered? | Yes | No |
| If no, please explain: |
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| Do any of your current pets have disabilities or limitations (deaf, blind, physical disabilities, etc.)? This information will aid in the selection of the most appropriate match. |
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| Do any of your pets live outdoors 24/7? | Yes | No |
| Have your pets ever bitten or attacked another animal?\*[[1]](#footnote-0) | Yes | No |
| Have your pets ever bitten or attacked another person?\* | Yes | No |
| Has any family member ever been bitten or attacked by your pets?\* | Yes | No |
| If you responded “Yes” to any or all of the previous 3 items, please explain: |
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| Have you ever returned or taken a pet to a: | Breed-specific adoption group | Humane Society | Pound/Shelter |
| If yes, please explain:  |
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| **Pet Activity** |
| Maximum number of hours your foster greyhound will be at home alone, and frequency - ***Example:*** *10 hours 3 days each week*: |
| What activities might you engage in with your foster greyhound? |
| Walking | Jogging | Running |
| **Responsibility** |
| Who will be the foster greyhound’s primary care giver in your home? |
| Please provide three references who have known you for at least two years, and who are **NOT** family members. One must be your vet if you currently have one. *If your vet, please contact them to advise them that a call from the**Greyhound Supporters will be forthcoming so that information can be released to us.* |
| Name, address, phone number & e-mail for each. |
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| Comments or questions? |
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THANK YOU FOR YOUR INTEREST IN FOSTERING A RETIRED RACING GREYHOUND.

A REPRESENTATIVE OF THE GREYHOUND SUPPORTERS WILL BE IN CONTACT WITH YOU.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL US AT 613-986-8097 OR EMAIL ottawagreyhounds@gmail.com

Foster Care Policy – *Please sign and initial where indicated and return with the rest of your application.*

| **The Greyhound Supporters (GS)** maintains the ownership of any and all greyhounds placed as a foster dog until such time as the greyhound has been formally adopted. |
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| **Greyhound Supporters’** greyhounds, as a rule, will be spayed or neutered and updated on all vaccinations prior to placement in a foster home. |
| Veterinary care shall not be rendered to any **GS** greyhound without prior authorization by a Board Member. In the event of a life-threatening emergency, veterinary attention should be sought immediately. Documentation from a licensed veterinary doctor shall be submitted to the **GS** prior to any reimbursement of veterinary expenses. |
| Any veterinary care or attention required for a **GS** foster greyhound due to accidents, neglect or disregard of the **GS** policy will be the responsibility of the foster person. |
| **The Greyhound Supporters** reserves the right to inspect any and all foster greyhounds while in foster care. The **GS** reserves the right to relocate any foster greyhound should such a move be of benefit to the greyhound. |
| **The GS** is responsible for the adoption and placement of all **GS** greyhounds. While the input and judgment of the foster person is invaluable to the placement of foster greyhounds, the decisions concerning permanent placement will be at the discretion of the Adoption Coordinator. |
| **The GS** assumes no responsibility or liability for damages caused by a foster greyhound. This includes injury to a resident dog, a person, or damage to property. |
| The foster home and property will be inspected by an authorized **GS** member prior to acceptance into the **GS** foster program. Additional annual inspections may be made. A record of inspections will be kept on file with the **GS**. |
| The foster person(s) must complete a foster care agreement and release form agreeing to all the conditions and statements as written. |
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| **Signatures** |
| **I/We wish to foster a retired racing greyhound. We certify that we have answered all questions, and that all information on this Foster Application is true and correct. We have read and understood the “Foster Care Policy”.** |
| **Applicant’s Signature:……………………………………….……..……………...……..Date:……………………..** |
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| **Applicant’s Signature:……………………………………….……..……………...……..Date:……………………..** |
|  |
| **Greyhound Supporters Officer………………………………….………………………………………………Date:……………………..** |

Foster Guidelines

1. The foster greyhound will be kept as an indoor family pet while in the care of the foster person/family.
2. The foster greyhound will be crated, if it is deemed necessary by the Adoption or Foster Coordinator, during those periods of time when the foster person/family is not available to supervise the actions of the greyhound.
3. The foster greyhound will be fed daily and in such amounts as to maintain ideal body weight.
4. The foster greyhound will have access to fresh water.
5. The foster greyhound will always be exercised on lead (leash) or in a completely secure fenced area.
6. The lead/leash used when walking the foster greyhound is to be a six (6) foot lead/leash MAXIMUM. **UNDER NO CIRCUMSTANCES** shall an extendable, flexi or retractable leash be used.
7. The foster greyhound will receive care and personal attention so as to develop social skills and good house manners.
8. The foster greyhound will be supervised while interacting with any and all animals while in the care of the foster person(s).
9. The foster greyhound will be supervised while interacting with any and all children while in the care of the foster person(s). The foster hound will never be left alone with children under the age of 10.
10. The foster greyhound will be protected from hazardous materials or products that may be harmful to the greyhound.
11. The foster greyhound will be kept in a safe environment and protected from conditions and / or experiences unsafe for pet animals.
12. The foster greyhound will receive any necessary veterinary care consistent with the **GS** policies.
13. The foster greyhound will wear, at all times, a secure martingale style collar with appropriate identification tags.
14. The foster greyhound will not be taken on vacation by the foster family unless agreed upon in writing by the **GS**.
15. The foster greyhound will not be transported out of Ottawa nor is it to reside in a location other than that which is stated on the foster person’s agreement.
16. The foster person(s) will immediately notify the **GS** should any problems arise in connection with the **GS** foster greyhound including, but not limited to health or behavioural concerns, loss or theft of the foster greyhound.

APPLICANT INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Items identified with \* will be followed-up during the home visit for purposes of clarification. [↑](#footnote-ref-0)