

# **Texas Italian Greyhound Rescue Inc.**

## Foster Application

Thank you for your interest in fostering an Italian Greyhound (IG) for TIGR. Fostering an IG is a wonderful experience. Your loving care will be a tremendous help to the IG in its transition to their forever home. Your guidance, patience, and love will help them learn to trust and appreciate what a kind and loving home can be. It will also ensure a faster opportunity for adoption. Please complete the following information.

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

DL# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where do you work? \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_

Name of contact person who can always reach you:

\_\_\_\_\_

Phone \_\_\_\_\_

Why would you like to foster a Italian Greyhound? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have a Italian Greyhound?  Yes  No

What is your knowledge of this breed? \_\_\_\_\_

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Describe your residence.  Single family home  Duplex  Apartment  Other)

Please explain \_\_\_\_\_

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Do you  own or  rent? If you rent or lease, do you have permission from your landlord to have a dog?  Yes  No

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a completely fenced yard? \_\_\_\_\_

What type? \_\_\_\_\_ How tall? \_\_\_\_\_

Number of adults in home \_\_\_\_\_ List children and their ages: \_\_\_\_\_

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What other pets do you have? (list type, sex, and whether altered)

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Approximately how many hours will your foster dog be alone each day? \_\_\_\_\_

Do you own a crate?  Yes  No what size? \_\_\_\_\_

How will you teach house breaking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will your foster dog spend its time during the day? \_\_\_\_\_

\_\_\_\_\_

At night? \_\_\_\_\_

Occasionally an older IG or one with special needs is in need of foster care.  
Would you consider fostering such a dog?  Yes  No

TIGR will provide the usual and customary veterinary expenses (including vaccinations, heartworm preventative, spay or neuter, initial dental cleaning), a collar and leash. Foster parents agree to be responsible for providing food, and any veterinary care due to injury caused by foster parent's negligence. Any other expenses must be pre-approved by a TIGR officer or board member.

Do you agree to keep a collar with TIGR identification tags on the foster dog at all times?  Yes  No

Do you agree to immediately notify TIGR should the foster dog become lost or stolen?  Yes  No

Do you agree to carry homeowner's or renter's , as the case may be , personal liability insurance coverage in an amount of \$100,000/\$300,000 for the additional purpose of insuring against any possible property or personal injury claims arising from any action or incident caused by the IG while in your care?  
 Yes  No

Your foster dog may need to be in your care for several weeks. Are you willing and prepared to allow this much time to foster the IG?  Yes  No

Are you able and willing to bring your foster dog to meet potential adopters to a specified meeting place?  Yes  No

REFERENCES:

Please list two references that you have known for more than one year. At least one of your references should be a neighbor. References cannot be family members.

REFERENCE #1

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

REFERENCE #2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

By signing below, I certify that the information supplied on this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed application to:

Texas Italian Greyhound Rescue  
P.O. Box 270362  
Flower Mound, TX. 75027-0362

469-569-4567 Robin  
214-823-4545 Sammye  
[www.txigrescue.org](http://www.txigrescue.org)