



**Cape Fear  
Golden Retriever  
Rescue Inc.**

**FOSTER HOME  
APPLICATION**  
Complete, Sign and Send to:  
CFGRR, Inc.  
P.O. Box 12697  
Wilmington, North Carolina 28405

Please print in black or blue ink or type

Name of Applicant: \_\_\_\_\_

Name of Co-Applicant (adults over 18 years only): \_\_\_\_\_

Relationship to Applicant: Spouse  Roommate  Other  \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Applicant's Occupation and Work Schedule: \_\_\_\_\_

Co-Applicant's Occupation and Work Schedule: \_\_\_\_\_

**DOG PREFERENCES** (*This information will help us find the Golden best suited for fostering*)

**SEX** Male  Female  Either  **AGE RANGE** \_\_\_\_\_

Would you consider a Golden older than 3 years? \_\_\_\_\_ 6 years? \_\_\_\_\_

Would you consider a Golden with special needs? Medical  Behavior  Elderly

What activity level fits with your lifestyle? \_\_\_\_\_

Please explain why you want to foster a Golden: \_\_\_\_\_

**HOUSEHOLD AND DOG CARE**

1. How long have you lived at your current address? \_\_\_\_\_

2. Do you: Own  Rent  Other

3. If you rent, landlord's name and phone number: \_\_\_\_\_

4. If you rent, or are not the owner, do you have permission to have a dog? \_\_\_\_\_ Up to what weight? \_\_\_\_\_

5. Do you have a fenced yard? \_\_\_\_\_ Type and height of fence: \_\_\_\_\_

6. If you do not have a fenced yard, how will you provide exercise for the dog? Consider bathroom time as well as regular exercise: \_\_\_\_\_

7. What percentage of time will the dog be outside, in a fenced yard? \_\_\_\_\_

8. How many adults in household? \_\_\_\_\_ Children? \_\_\_\_\_ Ages \_\_\_\_\_

9. Is everyone in your family interested in fostering a Golden Retriever? \_\_\_\_\_

10. Do any elderly or physically challenged family members live with you or visit frequently? \_\_\_\_\_

11. Who will care for, train and exercise the dog? \_\_\_\_\_

12. Will the dog be allowed in the house? Yes  No

13. How long will the dog be alone? \_\_\_\_\_

14. Where will the dog sleep? \_\_\_\_\_

15. Where will the dog stay when you are away from home? \_\_\_\_\_

16. Do you have a crate? \_\_\_\_\_

17. Are you familiar with your city, county and state animal laws? \_\_\_\_\_

18. Does your community have any restrictions? If so, what kind? \_\_\_\_\_

**PET HISTORY**

21. Please list all pets you have owned in the last five years (use additional paper, if necessary):

TYPE	SEX	AGE	ALTERED?	WHERE IS HE/SHE NOW?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. If you currently have pets, are all vaccinations and heartworm meds current? \_\_\_\_\_

If not, why? \_\_\_\_\_

**APPLICANT REFERENCES**

If you currently own or have owned a pet in the past three years, one reference must be a veterinarian. Other references may include neighbors, co-workers or friends.

\_\_\_\_\_  
Name/Relationship/Phone Number

\_\_\_\_\_  
Name/Relationship/Phone Number

\_\_\_\_\_  
Name/Relationship/Phone Number

**APPLICANT SIGNATURE(S)**

I attest that the information provided on this application is true and accurate to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the fostered dog from my home by CFGRR. I also acknowledge that submission of this application does not guarantee the fostering of a Golden Retriever. By completing this form I give my express permission to verify the information contained in this application and further release CFGRR from any and all liability associated with this application or fostering of a dog through CFGRR.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant (must be 18 or over)

\_\_\_\_\_  
Date