FOSTER APPLICATION FORM

Thank you for your interest in fostering our wonderful retired greyhounds. In order to ensure compatibility with your foster greyhounds please complete the form below.

Name:				
Address:				
Postal Address:				
Telephone: Home	neWork		Mobile	
Email:				
Please circle the relev	ant response			
Age: 15-20yrs	21-30yrs	31-50yrs	51-65yrs	66yrs+
Are there children liv	ing with you?	Yes	No	
If yes, what age(s)? _				
Type of residence:	House	Flat	Other	
Do you own or rent?	Own	Rent		
If rented, do you have	e permission to	own pets?	Yes	No
Do you have a fenced section?		Yes	No	
What height is your fo	encing?			
What area will your for	oster greyhoun	ds have access	to?	
Please list all pets cur greyhounds may com whether they are neut	e into contact v			d birds that your foster sex of dogs and

If you have poultry or rabbits etc, are they caged or free range?
If you have a cat, how do you feel about training a greyhound to be well behaved around the cat?
What experience do you have with dogs?
How much time do you have to spend teaching your foster greyhound about life as a pet?
Why does foster care appeal to you?
How did you hear about GAP?

Please return your completed form to your nearest Regional Co-ordinator. Contact details are available on the website. Thank you!