

**GREYHOUND
ACTION LEAGUE**



214 Dean Road, Depew NY 14043
716-867-9822
www.greyhoundactionleague.com

FOSTER Application

As a "Foster Parent" you will be taking the Greyhounds through their first step towards a happy retirement using techniques you have learned from the GAL Foster Seminar. This is a very rewarding experience, but you must remember that it is not always an easy one. Completion of this application / release is required in order to participate in GAL's Foster Program. **COMPLETED Seminar On:** _____

NAME: _____ Phone(s): _____

ADDRESS: _____

EMAIL: _____ Occupation: _____

How many people live in your home? _____ Children's Ages?

Please list all pets in your household, and indicate if they are spayed/neutered: _____

How long would the foster dog be home alone / day? _____

Check all that apply to your residence: Rent Own Fenced Yard Single Family Multi-Family

Other comments: _____

If you rent or lease your home, or belong to an Association, you are obligated to provide written permission from the landlord and/or Association.

Name (Landlord/Association) & Phone: _____

Check all that apply to your experience: Medical Training Nail Clipping Ear Cleaning

Will you be able to transport the dog to the vet? _____ Have you worked with problem dogs? _____

Other Experience / Comments: _____

I certify that I have answered all of the above questions to the best of my knowledge and ability. I understand the Foster Greyhound is the property of Greyhound Action League (GAL) of Buffalo, Inc. and shall be relinquished on request by a GAL representative for additional fostering, placement into a home, or if I am not able to adequately care for the greyhound.

Your Signature: _____ GAL Rep: _____