



**TEXAS GREYHOUND**  
adoption program

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P.O. BOX 543  
SEGUIN, TX 78156

**FOSTER APPLICATION & AGREEMENT**  
**PLEASE PRINT**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DL#: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ SPOUSE'S WORK PHONE \_\_\_\_\_

1. Why do you want to foster a greyhound?
2. Do you have any preference regarding age, sex, or color?
3. If so, would you accept a substitute? YES/NO
4. Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_
5. If you rent or lease, do you have permission from your landlord to foster a greyhound? \_\_\_\_\_  
If not, could you get permission? \_\_\_\_\_ Name/address/phone number of landlord \_\_\_\_\_  
\_\_\_\_\_
6. Is your yard fenced? \_\_\_\_\_ What type? \_\_\_\_\_ Height? \_\_\_\_\_
7. If your yard is not fenced, is there a fenced area nearby where you can exercise the greyhound? \_\_\_\_\_
8. Are you aware of the importance of keeping the greyhound on a leash? \_\_\_\_\_
9. Are you willing to keep a collar, with an identification tag, stating TXGAP's address and phone number on the

greyhound at all times? \_\_\_\_\_

10. How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages of children \_\_\_\_\_

11. Do you have any other pets? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

What type of dog(s)? \_\_\_\_\_ Are they spayed or neutered? \_\_\_\_\_

Vaccinations Current? \_\_\_\_\_ Are they on heartworm prevention? \_\_\_\_\_ Please provide documentation.

12. Who will be responsible for the care and welfare of the greyhound while it's in foster care \_\_\_\_\_

13. Approximately how many hours a day will the greyhound be left alone? \_\_\_\_\_

14. Will you keep the greyhound crated (crate provided by TXGAP) when it is left alone? \_\_\_\_\_

15. Will you notify Texas Greyhound Adoption should the greyhound become lost or stolen? \_\_\_\_\_

16. How many animals have you owned in the last 5 years? \_\_\_\_\_

Were they spayed/neutered? \_\_\_\_\_ Were they on heartworm prevention? \_\_\_\_\_

Do you still have them? \_\_\_\_\_ If not, why? \_\_\_\_\_

17. Please provide two personal references that have known you well during the last three years:

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

18. Veterinarian Reference:

Veterinarian's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**IF FOSTER CARE APPLICATION IS APPROVED, I AGREE TO THE FOLLOWING CONDITIONS**

I agree to take and care for greyhounds temporarily in need of adoptive homes. I also agree to notify Texas Greyhound Adoption Program (TXGAP) in the event of injury or illness and am willing to take said greyhound to veterinarian if needed after notifying TXGAP.

I understand all veterinarian care will be the responsibility of TXGAP unless injury or sickness is due to neglect or carelessness on my part. If so, I agree to assume responsibility.

I understand this is a voluntary arrangement and no reimbursement is due except for vet care as defined above.

I will bring foster greyhound to adoption clinics and will allow prospective adopters to view greyhound at my home if necessary.

I further agree to relinquish dog back to TXGAP upon request.

I understand greyhounds are housedogs only and must never be left alone in the yard or tied up. A locked gate is recommended.

This foster agreement releases Texas Greyhound Adoption and all parties concerned from any and all damages that may occur in regard to this greyhound.

Foster Applicant Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Greyhound Name: \_\_\_\_\_

Right ear tag: \_\_\_\_\_

Left ear tag: \_\_\_\_\_

TXGAP Volunteer Signature \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_