



Adoptable Greyhounds of Florida  
FOSTER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number (with Area Code):

Your E-mail Address:

Street Address:

City:

State

Zip Code

Do you rent or own? Own/ Rent/Lease

Is your home in a community with a Home Owners Association? YES/NO

If yes, do they allow large dogs?

Number of adults in household?

Hours dog will be alone each day:

Number of children? Ages of children:

Are you willing to crate foster greyhound while not home? YES/NO

Outdoor Space Fenced?

Do you have a swimming pool? YES/NO

What type of experience have you had with greyhounds?

Are you willing to take foster greyhound on walks? YES/NO

Are you willing to allow potential adopters to meet your foster greyhound? YES/NO

Currently own any other dogs? YES/NO

Do you own cats or other animals? YES/NO

If yes, List other breed, age, sex, altered?

Vet name:

Vet phone:

How soon would you like to start fostering?