



Inland Empire Golden Retriever Rescue

Foster Home Application

Name: _____

Address: _____

City, State, Zip: _____ E- Mail _____

Occupation: _____ Phone #: _____

Your children's ages: _____ Elderly persons in your home: _____

Other pets in your home: _____

How long have you owned dogs? _____

Is your yard fenced? _____ type & height of fence _____

Have you attended an obedience class? _____

Do you own a crate? _____ Do you have a dog run? _____

Where will the dog be while you are at work? _____

Do you understand you must be a IEGRR member to be a foster home? _____

Will you provide the dog with some basic training such as heel, sit, and stay? _____

Goldens need to be brushed and groomed weekly, are you ready to meet this requirement? _____

Do you have any specific requests as to what dogs you will foster? _____

Do you understand that you may have to transport the dog for veterinarian appointments, and possibly administer medications? _____

Do you understand the dog must live inside your home? _____

Who is your veterinarian? _____

If you can agree to the above statements and are willing to take a rescued Golden Retriever into your home until an adopter can be found please sign this form

Signed: _____

Date: _____