



Beagle Rescue Vic Inc A0050374H

PO Box 235 Glenhuntly 3163 Vic

Phone: 0409 535 930

Email: info@beaglerescuevic.org

Web: <http://www.beaglerescuevic.org>

FOSTER CARE APPLICATION FORM

Name:

Address:

Telephone:

Mobile:

Work Number:

Home Phone Number:

Email Address:

Do you have any Pets?: If so please list breed and age:/Are they up to date on all vaccinations/ Flea/Worming /desexed/ Heart Wormed

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Do you work Full time/Part Time:

How many Hours a day would the beagle/dogs be without human company:

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Are there any children in your home? If so please list number and ages

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Would you consider a cross breed Beagle? Yes/No/Depends on appearance/Depends on cross

Previously, have you ever owned a Beagle? Yes / No

If not a previous owner of a Beagle what is your knowledge of the breed?

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Would you consider Fostering a Beagle who has sustained an injury or who suffers from an existing illness/disability? Yes/ No/Depends on illness/disability

(Think about your answer carefully. Could you deal with the heartbreak if he/she did not live long? However, this can be a very rewarding experience, knowing you have given this little darling a last chance at real love and happiness)

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Do you: Own / Rent /live with parents
(If renting, we will need documentation showing that you have approval from your landlord that you may own a dog)

Do you have secure fencing? Yes/No
(i.e. can your Beagle escape under or over fences or get through gates)

Approx size of fenced area where Beagle will have access and be secure:

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Do you have a dog door? Yes/No

Do you have a pool? Yes/No is it Beagle-proof? Yes/No

Where do you envisage your Beagle will sleep?

Are you aware that Beagles cannot be let off-leash because they will run off? Ye/No

Are you aware that Beagles are quite vocal at times and can bay loudly? Yes/No

Are you aware that Beagles can take up to 30 days to adjust to a new environment? Yes/No

Do you pledge to allow your Beagle access to indoors? Yes/No

Would you agree to allow us to visit you at your home prior to Fostering? Yes/No/Unsure

Would you object to phone calls from us to inquire about his/her well-being? Yes/No/Unsure

Is there anything else that we should know in accessing your application?.....

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Name and telephone number of your usual veterinarian:

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Your Licence Number.....

Licence has been viewed by BRV Member

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Names and contact numbers of two (2) personal referees:

1.

2.

I hereby agree to relinquish my Beagle if it is established that I have given false or misleading information on my Application OR, if allegations of abuse or neglect are reported to BEAGLE RESCUE Or any other animal welfare agency.

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(Your name - please print) (Your signature)

PLEASE BE ADVISED:

BEAGLE RESCUE reserves the right to seize the Beagle from your property post-fostering If it is established you have given false or misleading information in your Application OR, if allegations of neglect or abuse are reported to us or any other animal welfare agency.

Please Fax to 03 9555 0811 or email your interest to info@beaglerescuevic.org