

BASSET BUDDIES RESCUE, INC. (BBR) FOSTER HOME APPLICATION

If you are unable to complete this on your computer, please print and complete the [PDF copy](#) which can be mailed to the address listed on the Home page.

APPLICANT INFORMATION

Name*			
Address*			
City*	County*:	State*	Zip Code*
Phone*: ()			
Cell Phone: (if you have one)			
Email*:			

*These fields are required.

HOUSEHOLD INFORMATION

Do you: OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	I live in a: house <input type="checkbox"/>			townhouse <input type="checkbox"/>	condo <input type="checkbox"/>	apartment <input type="checkbox"/>	trailer <input type="checkbox"/>
If you rent will your landlord give you written permission to have a dog? : YES <input type="checkbox"/> NO <input type="checkbox"/>								
Landlord's Name:					Phone Number: ()			
Number of people in household: Adults (over 18) _____					Children: # of Boys _____ Their Ages: _____			
# of Girls _____					Their ages: _____			
Is anyone in the family allergic to dogs? YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>								
Is someone home during the day? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Who? _____ At night: YES <input type="checkbox"/> NO <input type="checkbox"/>								
Who? _____								
Number of hours per day that dog would be home alone _____								

YARD

Do you have a fenced in yard? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what type (wood, chain link, etc.)?
If yard is NOT fenced in, I will keep the dog on a leash at all times when outside. YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yard is NOT fenced, what arrangements have you made for exercise and toilet duties?	
Which family member will be the basset's primary caretaker?	

DOGS AND YOU

Have you ever fostered a dog before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of dog: _____	How long ago: _____
Have you fostered or owned a basset before: YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever fostered or owned a rescue dog? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If you have fostered for a rescue previously, please list name of shelter or rescue: _____		
Are you willing to foster more than one dog at a time? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is your limit? _____	
Are you willing to foster a basset hound that is recovering from surgery or needs medication? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you willing to foster a 'special needs' basset(i.e. blind, disabled, or paralyzed)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you willing to foster a senior basset (10+ years in age)? YES <input type="checkbox"/> NO <input type="checkbox"/>		

If you have had or presently have other pets in your family, please complete the area below

Type/Breed & how long owned	Age	Sex: M(ale) or F(emale)	Spayed/Neutered Y(es) N(o)d	Temperament: Dominant or Submissive	Behavior with other dogs:

Have you ever given up a pet? YES NO If yes, what type and why:

Are you willing to housetrain, if necessary? YES NO

Are you willing to work with a Basset Buddies Rescue trainer if problems occur? YES NO

Will you take the basset to obedience classes if needed? YES NO

Where will the basset be kept during the day: _____ At night: _____

Where will the dog be kept when no one is home?

Are you willing to use a crate to confine your dog when no one is home to supervise? YES NO

Have you ever crate trained a dog? YES NO Do you have a crate available? YES NO

Are you willing to allow a BBR representative to visit your home prior to becoming a foster home? YES NO
 Comments: _____

THE ABOVE AREAS MUST BE COMPLETED IN FULL.

BASSET HOUND CARE AND TRAINING

VETERINARIAN CARE Do you have a regular vet? YES NO

VETERINARIAN'S NAME	CLINIC NAME	PHONE #
		()

ADDRESS:	CITY:	STATE	ZIP

Pet/s/ Names on Vet records: _____ Family Name on Vet record: _____

*** Please note: your vet WILL be contacted to verify the vaccination status of all family pets. If you do not have a current or regular vet, please submit the names of two references (excluding family members).**

Reference 1 Name: _____ Phone # () _____

Reference 2 Name: _____ Phone # () _____

Please read all of the following carefully and check if you understand & agree.

I UNDERSTAND I AM RESPONSIBLE FOR, AND AGREE TO, THE FOLLOWING:

My basset will need an annual heartworm test and preventative medication	<input type="checkbox"/> YES
My basset will need an annual check-up and vaccinations	<input type="checkbox"/> YES
My basset will need periodic grooming, nail trims, ear cleaning, and anal glands expressed	<input type="checkbox"/> YES
My basset will need plenty of exercise	<input type="checkbox"/> YES

My hound is a scent hound and must NEVER be left off leash in an unsecured area	<input type="checkbox"/> YES
My basset will not be allowed on a boat or near an unfenced pool without supervision and including the use of a life jacket. (Most bassets cannot swim due to their body configuration and could easily drown.)	<input type="checkbox"/> YES
I understand and agree that Basset Buddies Rescue will be responsible for medical care, routine or otherwise, while the dog is in foster care if the following provisions are met: 1. The foster dog is under the care of a vet that has been approved by BBR. 2. The medical care has been discussed with appropriate foster home coordinator prior to treatment being given (emergency care excepted). 3. The BBR foster home coordinator has the final authority to authorize, determine and approve the necessary and appropriate treatment after discussion with the vet and foster home.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand AND AGREE that BBR basset hounds are house dogs and are not to live, be kenneled or chained, outside for an extended period of time	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>I HAVE READ, UNDERSTOOD AND AGREE TO COMPLY WITH ALL OF THE REQUIREMENTS OF THE BASSET BUDDIES RESCUE INC. FOSTER HOME STIPULATIONS AND POLICY AS LISTED HERE AS WELL AS IN THE FOSTER HOME POLICY STATEMENT ON THIS SITE.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>FURTHERMORE, I UNDERSTAND THAT BBR HAS LITTLE OR NO PRIOR KNOWLEDGE OF A FOSTER DOG'S TEMPERAMENT, AND I THEREFORE WILL TAKE ALL DUE CARE TO PROTECT MYSELF AND OTHERS WHO MAY COME IN CONTACT WITH THE DOG. I FURTHER AGREE TO NOT HOLD BASSET BUDDIES RESCUE, INC. RESPONSIBLE FOR PROPERTY DAMAGE, BODILY INJURY OR HARM TO ANY PERSONS CAUSED BY THIS DOG WHILE IT IS IN MY CARE AND CUSTODY</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>I AUTHORIZE THE VERIFICATION OF ANY AND ALL INFORMATION AS PROVIDED ON THIS FORM AS IT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I FURTHER UNDERSTAND THAT FALSIFYING ANSWERS ON THIS APPLICATION OR AT ANY OTHER TIME TO A BBR REPRESENTATIVE DISQUALIFIES ME FROM FOSTERING OR OTHERWISE PARTICIPATING AS A VOLUNTEER FOR BASSET BUDDIES RESCUE, INC. (BBR). I AM AWARE THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE APPROVED AS A BBR FOSTER HOME.</p>	
THIS APPLICATION MUST BE SIGNED AND DATED TO BE ACCEPTED FOR REVIEW.	
Signature of applicant:	Date:
Signature of spouse:	Date:

SUBMIT FORM

RESET FORM