



# **Application to Foster**

**Kindred Spirits Greyhound Adoption, Inc.**  
**6685 Reservoir Rd.**  
**Clinton, NY 13323**  
**csiddon@gmail.com**

Name:

Address:

Email:

Phone:

Do you presently own any pets?

If yes, what kind:

Are they spayed/neutered?

If no, why not?

Do you own your own home?

If not, do you have your landlord's permission to have pets?

Landlord's name and contact info:

Do you have a COMPLETELY fenced in yard?

If yes, how high is the fence?

Where will the dog sleep at night?

Where will the dog be kept when you aren't home?

Is there any breed of dog you will not foster?

Is there a limit to the amount of time you can foster?

How many hours will the dog be alone during the day?

Are you willing/able to bring the dog to adoption events?

How did you hear about us?

Do you have any friends/relatives who currently volunteer with us?

What vet do you use:

Phone Number:

By signing below you acknowledge that you are giving us permission to contact your vet and giving them permission to speak to us regarding you and your pets.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date