

Oklahoma Beagle Rescue, Inc.  
P.O. Box 6201  
Norman, OK 73070  
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## Beagle Fostering Application

You must be at least 21 years old to foster an Oklahoma Beagle Rescue beagle.

First & Last Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Why did you choose to foster a beagle? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who will be the primary caregiver (feeding, exercise, training, grooming, etc.) of the beagle?

Self  Spouse  Children  Other (please explain) \_\_\_\_\_

Have you had beagles before?  YES  NO

This foster dog will primarily be a:

House Dog  Outside Dog

Where will the dog be left while you're away from home?

Run of house  Crate  Garage  Doghouse

Other (please explain) \_\_\_\_\_

What is the longest period the dog will be left alone? \_\_\_\_\_

How many adults in the home? \_\_\_\_\_

How many children in the home? \_\_\_\_\_

Ages of Children in the home: \_\_\_\_\_

Does anyone living at your residence have allergies to pets? \_\_\_YES \_\_\_NO

If no one in your home has allergies now but develops them in the future, what would you do?

\_\_\_\_\_

Do all of the adults work? \_\_\_YES \_\_\_NO

In what type of dwelling do you live (single family, townhouse, apartment, etc)? \_\_\_\_\_

Do you own or rent?: \_\_\_OWN \_\_\_RENT

If you rent, does your lease allow pets? \_\_\_YES \_\_\_NO

How long have you lived there? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Is your yard fenced? \_\_\_YES \_\_\_NO

How tall is the fence? \_\_\_\_\_ What material is the fence made of? \_\_\_\_\_

Have you ever housetrained an animal before? \_\_\_YES \_\_\_NO

Are you aware that beagles are quite vocal and can bay loudly at times? \_\_\_YES \_\_\_NO

Are you aware that beagles cannot be let off leash because they will run off? \_\_\_YES \_\_\_NO

Have you ever been convicted of animal neglect, cruelty, or abandonment? \_\_\_YES \_\_\_NO

**Information about current pets.**

Vets Name: \_\_\_\_\_

Vets Phone: \_\_\_\_\_

May we contact your veterinarian for a reference? \_\_\_YES \_\_\_NO

Pet's Name \_\_\_\_\_ Type \_\_\_\_\_ Age \_\_\_\_\_ Sex/Altered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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