



# Colorado Beagle Rescue

PO Box 2704  
Littleton CO 80161-2704

303-464-9403  
www.ColoradoBeagleRescue.org

<b>For CBR use only</b>
Rescue Dog # _____
Rescue Dog Name _____
Acquired Date _____
Placed Date _____
Donation Received Date _____

## FOSTER INFORMATION AND EVALUATION

Date: \_\_\_\_\_

Dog's #: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
M, NM, F, SF

Fostering Adult 1:	Fostering Adult 2:
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Name: _____	Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Personal Email: _____	Personal Email: _____
Work Email: _____	Work Email: _____
Occupation: _____	Occupation: _____

Home Address: \_\_\_\_\_

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

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

Date Placed In Foster Home: \_\_\_\_\_ Date Adopted: \_\_\_\_\_

Spayed/Neutered Date: \_\_\_\_\_ If not, date scheduled for surgery: \_\_\_\_\_

Vet's Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Shots Date: \_\_\_\_\_ Rabies Date (Attach certificate): \_\_\_\_\_ Tag Number: \_\_\_\_\_

Description of Dog (Gender, Age, Color, Size): \_\_\_\_\_  
\_\_\_\_\_

Explain how the dog acts in each of these situations.
In cars:
In crowds:
On leash:
With children:
With men:
With women:
With cats:
With birds:
With dogs:
Loud noises:
Thunder/lightning:

When any question below is followed by several responses, circle the most appropriate response or responses. If no responses are shown, write in your answer to the question.

Category	Question	Possible Responses
Behavior in the home	Housebroken	Reliable Unreliable Lets us know when he/she has to go Familiar with dog door
	Able to negotiate stairs	Yes No
	Crate training	Good Afraid Whines Howls/barks (specify how long)
	Grooming	Nails Ears Teeth
Energy level	Energy level	High Moderate Calm Combination (specify)
Food	Brand	
	Times fed	
	Amount fed each feeding	
	Supplements given	
Special needs	Socialization	
	Weight (loss, gain)	
	Medication	
	Vet care	
	Obedience training	
Problem behavior	Digging	
	Barking	

Category	Question	Possible Responses
	Fence jumping	
	Fence climbing	
	Chewing	
	Any other	

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures of Fostering Person(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form to: Colorado Beagle Rescue  
PO Box 2704  
Littleton CO 80161-2704**