Tall Tails Beagle Rescue
Foster Request

Applicant name:_____

Primary contact number:_____

Physical address:_____

_____

Please list all occupants of the residence/age:

_____

_____

_____

_____

_____

Please list all pets currently in residence/breed/sex/age:

_____

_____

_____

_____

Current vet:_____

_____

If there is already a dog in our system you are interested in fostering, please indicate below or simply express your preferences(ie male/female, age, special needs, size)

_____