

# CGA GREYHOUND FOSTER CHECK-UP

Greyhound name \_\_\_\_\_ Date \_\_\_\_\_

Foster family \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

1. Any health or medical issues? Fleas, ticks, parasites, other
2. Eating well? Any food issues, food aggression?
3. Peeing and pooping regularly? Housetraining issues?
4. Accepting crating? Any issues with being alone?
5. Sleeping through the night?
6. Interacting with all members of family? (men, women, kids, dogs, cats, other pets)
7. Overall adjustment to the foster home?
8. Any social skills issues? Jumping up, excessive barking, etc.
9. Following house rules? (remind fosters NOT to allow fosters on furniture & beds)
10. Working on socialization? Interactions with kids?
11. Other behavioral issues? How addressing issues?
12. Any other issues?