



FOSTER SUMMARY

GAP06
09/07

Greyhound Adoption Program – SA

55 Cardigan Street, Angle Park SA 5010

✉ PO Box 2352, Regency Park SA 5942 ☎ Ph: (08) 8243 7124 📠 Fax: (08) 8268 2870

Greyhound Details:

Dog Name: _____ Dog Number: _____

Colour: _____ Race Name _____

Earbrands: _____ Sex: Male Female

Date De-sexed: / / D.O.B / /

Flee Treatment / / Wormed: / /

Other Details:

Relinquishing Owner: _____

New Owner: _____

Address: _____

Phone: _____

Fosterer: _____

Fosterers are to ensure that they complete the attached forms as indicated below.

Initial Foster Evaluation Report	To be completed by end of the first week of fostering.
Foster Evaluation Report A	To be completed at the end of the second week.
Foster Evaluation Report B	To be completed by the end of the final week of fostering.
Socialization Worksheet 1	To be compiled when the greyhound encounters any of the situations listed on these forms.
Socialization Worksheet 2	

SOCIALISATION WORKSHEET 1

INSTRUCTIONS

- Please complete the following as and when your foster dog encounters any of these situations by placing a tick in the box which best describes the dogs' reaction.
- These worksheets are to stay with the dog as it passes through the program so that its progress can be tracked and the dog introduced to new situations. It should be noted that even where a dog has 'passed' a certain socialization criteria you should still work on it to ensure the dog remains comfortable in that situation.
- Please note any additional comments at the bottom of the form.

Response (C = calm, A = anxious, F = fearful) <small>(refer below table for full description)</small>	1 st Encounter			2 nd Encounter			3 rd Encounter			Comment/ Observation
	C	A	F	C	A	F	C	A	F	
Level Crossing / Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Busy Main Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Truck/Semi Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sudden Loud Noise (eg. Car alarm, horn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rollerblader / Skateboarder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bicycle rider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Footbridge (eg. Wooden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cattle or other grid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Busy Shopping Centre, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV, Radio, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vacuum, Hairdryer, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shiny Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- **Calm:** No real response, not worried by the situation in any way.
- **Anxious:** May be timid, but where you believe the dog will improve with familiarity.
- **Fearful:** Shows real fear or aggression when placed in this situation

Additional Comments/Observations

