

Newfoundland Health and Rescue Inc.

Foster & Transport Application



Thank you for your interest in providing a Foster Home for a Newfoundland dog through Newfoundland Health & Rescue. By completing and submitting this application you affirm that you accept full responsibility to provide temporary housing, food and both physical and mental care to a rescued Newf. Please answer all of the questions as completely and truthfully as you can to determine the most suitable rescue Newf for your situation, read the liability release and sign the completed application.

Transport only: Complete Date and Personal information (in shaded area), read the liability release and sign.

Date of Application: _____

Personal

Name: _____
Street Address: (No P.O. Boxes) _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Best time to call: _____ Occupation: _____
E-mail Address _____

Why do you want to become a Foster Home? _____

Have you or anyone in your family ever been convicted of an animal cruelty crime? Yes No
Is everyone in your family agreeable to fostering a Newf? Yes No
Do you have transportation and are you willing to transport a rescue dog for veterinary care? Yes No
Who will be primarily responsible for the dog's care and training? _____
How many people are in your household? _____ Number of children and their ages: _____

Home

Do you live in: City Suburban Rural Is yours a(n): Single family home Condo/Apartment
Do you Own? Rent? If Rent, is your landlord agreeable to you fostering a dog? Yes No
Are there any covenants/restrictions on pets where you live? Yes No If Yes, explain: _____

Does fencing completely enclose the yard for a dog? Yes No If Yes, what type of fencing and how tall is it? _____

If No, explain how and where you will exercise a dog and allow it to relieve itself: _____

Lifestyle

Is someone normally at home during the day? Yes No
If No, how many hours will you be gone during a normal weekday? _____
Where will the dog spend the day?
 Loose Indoors Loose Outdoors Basement Garage Kennel Run Fenced Yard Crate Other
Do you travel frequently? Yes No If Yes, who will take care of the dog while you're away? _____
Where will the dog sleep? _____

Pet History

Do you currently own one or more dogs? Yes No If Yes, how many? _____ Please provide details below.
Dog's Gender? M F Spayed/Neutered? Yes No Breed _____ Age _____ How long owned? _____
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Do you currently own one or more cats? Yes No If Yes, how many? _____
Do you have any other pets? Yes No If Yes, details _____
Can you and would you provide remedial obedience training? Yes No

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Preferences

Do you have a preference regarding age or sex of a foster dog? Yes No If Yes, explain in detail: _____

Are you willing to foster a dog with special medical needs? Yes No
Are you willing to foster an abused dog who needs extra love and attention? Yes No
Are you willing to foster a dog with behavioral problems that require special attention? Yes No

References

Please provide three names as references, including your current veterinarian, or the name of the veterinarian you are planning to use. Please provide the name of your landlord if you rent your home. Other references may include a neighbor, a friend or relative who owns a Newf or another coated giant breed such as a Great Pyrenees or St. Bernard.

Name: _____ Phone: () _____ Relationship to Applicant: _____
Name: _____ Phone: () _____ Relationship to Applicant: _____
Name: _____ Phone: () _____ Relationship to Applicant: _____

Additional Comments

Please explain any limitations to Fostering and/or Transport: _____

Foster

I am willing to accept the financial responsibilities (until reimbursed by NH&R) and other burdens and responsibilities associated with fostering a rescued Newfoundland. I also understand that a home inspection is absolutely mandatory before final approval to foster will be granted.

Foster and Transport Liability Release

NH&R and others working for and/or associated with NCNC shall not be responsible for any damage or injury caused by a Newfoundland fostered and/or transported through NH&R. This includes, but is not limited to, dog bites to persons or animals, or property damage.

Printed name of Applicant: _____

Signature of Applicant: x _____