

Southeastern Newfoundland Club – Rescue Foster and Transport Application

Thank you for your interest in providing a Foster Home for a Newfoundland dog from SENC's Rescue program. 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 (Name through E-mail), 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 Is everyone in your family agreeable to fostering a Newf? Do you have transportation and are you willing to transpo	_Yes _No rt a rescue dog for veterinary ca	 re?YesNo
Who will be primarily responsible for the dog's care and tr		
How many people are in your household?		
Number of children and their ages:		
Home: Do you live in: _ City _ Suburban _ Rura Is yours a(n): _ Single family home _ Cond Do you _ Own? _ Rent? If Rent, is your landlord ag Are there any covenants/restrictions on pets where you live	do/Apartment reeable to you fostering a dog?	_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:	
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Lifestyle Is someone normally at home during the day?Yes If No, how many hours will you be gone during a normal w	_ No veekday?	

Where will the dog spend the day? _ Loose Inc _ Kennel Run _ Fenced Yard _ Crate _			
Do you travel frequently? _ Yes _ No If Yes,	who will take care of the dog whil	e you're away?	
Where will the dog sleep?			
Pet History Do you currently own one or more dogs?Yes Dog's Gender?MF Spayed/Neutered? Dog's Gender?MF Spayed/Neutered? Dog's Gender?MF Spayed/Neutered? Do you currently own one or more cats?Yes Do you have any other pets?YesNo Can you and would you provide remedial obedience Preferences Do you have a preference regarding age or sex of	No If Yes, how many? YesNo Breed YesNo Breed YesNo Breed No If Yes, how many? If Yes, details ce training?YesNo	Please provide details Age How lo Age How lo	ong owned? ong owned? ong owned?
Are you willing to foster a dog with special medical Are you willing to foster an abused dog who needs Are you willing to foster a dog with behavioral prob References Please provide three names as references, includi planning to use. Please provide the name of your neighbor, a friend or relative who owns a Newf or a	s extra love and attention? _Y olems that require special attention ng your current veterinarian, or th landlord if you rent your home. O	Pres No No No No No No No N	lude a
Name:	-	-	
Name:			
Name:	Phone:	Relationship to Applica	nt:
Additional Comments Please explain any limitations to Fostering and/or	Transport:		
Foster I am willing to accept the financial responsibilit responsibilities associated with fostering a res absolutely mandatory before final approval to f	cued Newfoundland. I also und		

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

Printed name of Applicant:	
Signature of Applicant: X	
Please mail completed form to:	Page 2 of 2