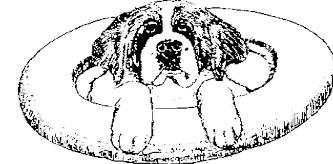


NEW ENGLAND SAINT BERNARD RESCUE

64 Tanbark Road
Sudbury, MA 01776-2659
(978) 443-3556
<http://saintbernardrescue.org>



Saving Our Saints

Foster Care Application

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ E-MAIL: _____

NAME, ADDRESS, AND PHONE NUMBER OF YOUR VET:

HOW LONG HAVE YOU WORKED WITH SAINTS/OTHER GIANT BREEDS? IN WHAT CAPACITY?

WILL YOU DO BASIC OBEDIENCE TRAINING?

Yes No

WILL YOU GROOM ON A REGULAR BASIS?

Yes No

DO YOU HAVE PROPER FACILITIES TO FOSTER?

Yes No

IF YES, PLEASE ELABORATE:

DO YOU HAVE A FENCED YARD?

Yes No

DO YOU HAVE DOGS OF YOUR OWN?

Yes No

IF YES, CAN YOU KEEP THE FOSTERED SAINTS SEPARATE?

Yes No

PERSONAL REFERENCE (name, address and phone number):

I agree to foster dogs for New England Saint Bernard Rescue (NESBR), and to follow the guidelines that the state or regional Rescue Coordinator / Foster Coordinator sets for me.

I will be responsible for each foster dog in my care until s/he is retrieved by the Rescue Coordinator / Foster Coordinator or delivered to the Rescue Coordinator / Foster Coordinator by me.

I understand that any dogs I foster are the sole property of the New England Saint Bernard Rescue and may NOT be kept by me unless an adoption application is submitted and an adoption contract is entered into.

I agree to provide two meals per day, dog treats, and plenty of fresh water as directed by the Rescue Coordinator / Foster Coordinator, as well as socialization, exercise, basic grooming, and proper shelter from the elements.

I agree to house fostered dogs indoors.

I agree to provide basic veterinary care including tests, inoculations and medications only as the Rescue Coordinator / Foster Coordinator directs (at NESBR expense).

I will remain in contact with the Rescue Coordinator / Foster Coordinator and follow his/her instructions.

Should problems occur, I will contact the Rescue Coordinator at once.

SHOULD THIS DOG BE LOST, STOLEN, OR INJURED WHILE IN MY CARE, I AGREE TO REIMBURSE THE NESBR \$1,000.

Foster Care Provider: _____ Date: _____

Rescue Coordinator: _____

Rescue Coordinator's Contact Info: _____ Home Phone _____ Cell Phone _____

Please return this application along with a photocopy of your driver's license to the above address.