



Foster Home Application Bernese Mountain Dog Club of Oregon

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Ph#: _____ Work Ph#: _____
Best Ph# and Times to call: _____
Email: _____ Occupation: _____

Current Involvement

- I currently / have in the past volunteered with other rescue organizations (describe): _____

 I am a member of my local Bernese Mtn. Dog club
 I am a member of the national Bernese Mtn. Dog club

About You

How many years have you been involved with dogs? _____
What breeds have you had experience with? _____
What type of experience (pet, training, showing, breeding, etc.) do you have? _____

Describe your experience with other animals. _____

Do you have any special skills (trainer, groomer, behaviorist, vet technician, etc.)? _____

Have you fostered dogs for other rescue groups? If so, give the name of the group, dates you fostered, and your overall experience with them. _____

About Your Home

List all other adults in your family: _____
List all children in your family and their ages: _____

List any regular visitors who might come in contact with foster dogs: _____

List all dogs currently in your household (include breed, age, sex, and if spayed/neutered):

Are all these dogs:
Current on all vaccinations or current titer tests? Yes No
Current on bordatella/kennel cough vaccination or current titer tests? Yes No
Accepting of new dogs in their home? Yes No
Able to have a separate, safe haven away from foster dogs? Yes No
List other pets in your household: _____
Do you have any livestock a foster dog could be in contact with? No Yes, describe:

How many hours each day will the foster dog be left unattended? _____

How will the foster dog be housed? (check all that apply)

- inside, loose inside, separated outside kennel run
 inside, crated outside in yard garage
 other (describe):

Do you have confinement to isolate a dog for health reasons? Yes No

Have you ever had a neighborhood complaint filed with an Animal Regulation Agency? Yes No

Your Requirements for Fostering

Preferred Sex of foster dog: either male female

Length of time willing to foster a dog: _____

Will you foster...

- A dog with kennel cough Puppies
 A dog that is injured A dog with behavior problems
 A dog with health problems A dog that is dog-aggressive
 A dog that has a litter A dog that is not housebroken
 A dog that is intact

Any other restrictions: _____

References

Where possible, please list individuals who are active in the dog community and are knowledgeable about your care of dogs, such as a trainer, veterinarian, breeder, handler, active breed club member, or other dog care/rescue professional:

Name: _____ Day phone: _____

Credentials: _____ Eve phone: _____

Name: _____ Day phone: _____

Credentials: _____ Eve phone: _____

I Hereby agree to abide by the following policies during the time I am volunteering for BMDCO:

- 1) I understand that it is my decision to volunteer for BMDCO. I will not hold BMDCO liable for any damage, injury or harm caused directly or indirectly through my volunteer activities with BMDCO.
- 2) I understand that BMDCO cannot guarantee or be held responsible for the temperament, health or behavior of rescue dogs that I may handle, and I am aware that dogs may cause property or personal damage. I will keep dogs securely contained while in my care.
- 3) I understand that BMDCO will reimburse me for the food expenses and other incidental expenses upon approval of the Rescue Chair. Receipts must be submitted to the Rescue Chair within 30 days of expenditure.
- 4) I understand that BMDCO will reimburse me for the medical expenses of a foster dog or will have the vet bill us directly. All medical expenses must be preapproved by the Rescue Chair or the Rescue Committee. An exception will be made for life-threatening emergencies. In the case of a life-threatening emergency, the foster dog will be taken to a veterinary hospital and the Rescue Chair or another Rescue Committee member notified of the emergency immediately. Receipts must be submitted to the Rescue Chair within 30 days of expenditure.
- 3) I understand that BMDCO foster homes work with a Rescue Chair and that Chair has the ultimate responsibility for the dog and the right to place it as he/she feels is appropriate. BMDCO retains all legal ownership rights to the dog.

Signature

Date

Thank You for your interest in volunteering for our rescue program. Please return the completed form to Renee Hoem – US Mail: Rescue Chair BMDCO, PO Box 924, Mulino, OR 97042, E-mail: reneelhoem@gmail.com