



Border Collie Rescue of Minnesota

Foster Home Application

www.BCRofMN.org

Name	Date
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Email

Address

City	State	Zip
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Phone Home	Phone Cell
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HOUSEHOLD MEMBERS

Name/Age	Name/Age	Name/Age
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Name/Age	Name/Age	Name/Age
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CURRENT HOUSEHOLD PETS

Type/Age	Type/Age	Type/Age
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Type/Age	Type/Age	Type/Age
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Are your pets current on their vaccinations?	Are your current pets spayed or neutered?
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What type(s) of training/activities do you participate in?
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Have you had a Border Collie previously?	Do your current dogs live indoors?
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Have you ever surrendered or relinquished a pet? If so, please explain the circumstances...

HOUSING

Own/Rent	Rural/SubUrban/Urban	Approx Size of Yard
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Landlord Name	Landlord Phone	Type of Fence/Height
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Border Collie Rescue of Minnesota is an all-volunteer, non-profit organization.



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DOG CARE

Who will be the primary caregiver?

How many hrs/day will the dog spend alone?

Do you use crates for current or previous dogs? Why or why not...

Do you crate dogs during transportation?

Will the foster dog live indoors?

When you travel, where will the dog stay?

REGULAR EXPERIENCES

Which experiences will the foster dog be exposed to on a regular basis?

- | | | | |
|---|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Young Children | <input type="checkbox"/> Cats | <input type="checkbox"/> Vacuums | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Joggers | <input type="checkbox"/> Bicyclists | <input type="checkbox"/> Skateboarders | <input type="checkbox"/> Other |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Livestock | <input type="checkbox"/> Small Animals | |

FOSTERING

Have you fostered before?

Which behavioral issues are you ill-suited for?

If so, which Rescue?

Which behavioral issues are you well-suited for?

REFERENCES

Veterinarian Name

Reference Name

Vet Phone

Reference Phone

PROPOSED FOSTER:

- I/we hereby affirm that all of the above information is true and correct. I/we understand that submission of this application does not necessarily mean that I/we will be approved to foster and that BCROfMN reserves the right to reject any applicant. I/we authorize BCROfMN, or any of its authorized agents, to verify any and all information set forth in this application, to contact my/our references, and perform a home visit prior to approval. I/we hereby accept that I/we will be required to sign a liability waiver.

Signature

Printed Name

Date

References and information checked and approved by:

BRCofMN Representative:

Signature

Printed Name

Date

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