

BMDCR RESCUE FOSTER HOME APPLICATION

Name: _____

Address: _____

Phone: Home _____ Work _____

Type of home (house, apartment, etc.) _____

Do you rent or own? _____ Size of yard or kennel: _____

Type and height of fence: _____

What are the ages of the children in the home? _____

How many and what types of pets live in the home? _____

Have you ever owned a Bernese before and how many? _____

Are you able to foster a rescue BMD separately from your pets? _____

Are you able to foster a bitch in heat? _____

Are you able to foster an un-neutered male? _____

Are you able to foster puppies or a dog with medical or physical problems (needs medication given, needs post surgery confinement, etc.)? _____

Are you able and willing to pick a dog up at an animal shelter and/or take it to a veterinarian? _____

Would you be willing to have a BMDCR rescue representative visit your premises? _____

I have read and will comply with the BMDCR Foster Home Agreement

Signature

Date

Thanks for helping! We'll keep this form on file and let you know if/when we need your assistance.