

BMDCR RESCUE FOSTER HOME APPLICATION



Name: _____ Phone: _____

Address: _____

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

Can you foster a bitch in heat? _____ An unneutered male? _____

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

Can you 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.