



**BOSTON TERRIER
RESCUE CANADA**

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Foster Home Application

PLEASE NOTE: FOR SAFETY AND INSURANCE REASONS WE ARE NOT ABLE TO ALLOW HOMES WITH CHILDREN UNDER THE AGE OF 6 TO FOSTER. HOWEVER, YOU CAN APPLY TO VOLUNTEER WITH US!

Date: _____

How did you hear of Boston Terrier Rescue Canada (BTRC)? _____

Name: _____ Email: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Best Number to Call? _____ Best Time to Call? _____

Employer: _____ Occupation: _____

How many hours do you work outside the home on an average work day? _____

Please list full name and occupation for all other adults residing in the household:

Do you have children? If so please list age and gender of each:

Please list the ages of children that visit your home regularly:

Are all household members in agreement with the decision to foster & the commitment involved? Yes No

Who will be the dog's primary caregiver? _____

Do you or any member of your family have any on-going medical conditions or physical limitations (including any allergies) that might interfere with fostering a rescue dog? If yes, please explain:

Do you live in a: house condo townhouse apartment other: _____

Describe your neighbourhood (urban, suburban, rural, etc.): _____

How long have you lived at this address? _____ Do you own or rent your home?

***Please note that renters must include documentation that dogs this size are allowed to live in this dwelling or must list the landlord's name and telephone number below so that we may contact them.**

Landlord's Name: _____ Phone: _____

Do you have a completely fenced yard suitable for a dog? If so, please describe the height and type of fence.

If you don't have a fence, how will you handle the dog's exercise/toilet needs?

Do you have a swimming pool? Yes No

May we visit your home before and during the dog's stay?: Yes No

Do you currently own dogs? Yes No If yes, please complete details below:

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Do your dogs get along with other dogs? Yes No

Do you currently own cats? Yes No If yes, please complete details below:

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Are your cats experienced around dogs? Yes No

Do you have other animals? If yes, please describe the number and species of each animal.

If any pets are NOT spayed or neutered, please give reason:

Are your dogs/cats current on vaccinations? Yes No

Do you test for heartworm every year & keep your pets on heartworm preventative medication? Yes No

If you have other pets how will you introduce your foster dog to them? _____

Can you isolate the foster dog from other pets initially or in the event that they cannot get along? Yes No

Please list dogs and cats that have lived in your household in the last 5 years that you no longer own:

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

Name: _____ Breed: _____ Age: ____ Sex: ____ Spayed/Neutered?
Yes No

What happened to each of these pets? Please be specific: _____

Please provide the name, address, phone number, email and length of time you have been with your current/last veterinarian:

May we contact your current veterinarian as a reference? Yes No

Due to privacy requirements, please contact your veterinarian to notify them that a rescue volunteer will be calling, and that you give your permission for a veterinary reference to be provided.

Do you have experience with the Boston Terrier breed? If yes, please explain:

How many hours will your foster dog be alone each day? _____

Where will the dog spend most of each day? _____

Where will the dog sleep? _____

What do you know about the proper use of a crate and how do you feel about it? _____

Do you have a crate available? Yes No What type & size: _____

Are you willing to foster a Boston Terrier that: Is a senior? Yes No Is blind or deaf? Yes No

Is disabled? Yes No Is mixed with another breed? Yes No

Requires daily medication? Yes No Requires house training? Yes No

Do you understand that the foster dog must live in your home as a family member and is not an outside dog?

Yes No

Please describe any dog training experience: _____

When a Boston first comes into rescue's care, the dog may be dirty, have fleas, or an undiagnosed illness or infection. Are you prepared to deal with such a situation -- to treat, care for, bathe and transport your foster to a BTRC-approved vet for necessary medical care? Yes No

How far are you willing to travel? _____

Foster homes may have to deal with behavior issues. These might include things such as house training, barking, submissive urination, marking territory or separation anxiety. Many dogs will require basic obedience training, including leash walking and crate training. Some foster dogs may chew your belongings or engage in other destructive behavior. Dogs that come from a puppy mill may have very different behavior patterns than dogs that are surrendered by an owner.

Do you feel you are capable and prepared to deal with any behavior issues and work to rehabilitate your foster dog? Yes No

Please list any circumstance, such as a particular behaviour, that would cause you to refuse to foster a dog, or cause you to ask that rescue move your foster dog to another home: _____

If you go on vacation, who will take care of your foster dog? _____

Do you understand and agree that a foster caregiver for a rescued Boston Terrier will not be allowed to keep said dog without going through the regular adoption process? Yes No

Please list two references we may contact: (please make one of your references someone who is not related to you). Include name, relationship, email, phone and best time to call:

Have you ever fostered for a rescue before? Yes No If yes, what rescue? _____

Have you ever bred dogs? Yes No If yes, were you a registered breeder? Yes No

Is there any other information you would like us to know? _____

I attest that the information provided on this application is true and accurate to the best of my knowledge. By submitting this application to Boston Terrier Rescue Canada (BTRC), I agree and consent to the collection, use and transfer of my personal information for the purposes of processing my application. BTRC may in the future use my address and/or email address to keep me informed of activities including programs, services, special events and funding needs. I understand that I may opt-out from receiving this information at any time by notifying BTRC at the contact info listed below.

Signature: _____ Date: _____

Please return completed form via email to fostering@bostonterrierrescuecanada.com
Toll Free Fax Number: **855-287-7817**
or by mail to: Boston Terrier Rescue Canada
c/o 22 Baskin Drive East, P.O. Box 21001, Arnprior, Ontario K7S 3X6

Thank you for your application – a rescue representative will be in touch with you shortly!