

Northstar Great Pyrenees Rescue of MN

Application as Evaluator and Foster Care Provider for Rescue Dogs

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Email: _____

Personal Reference (name, phone and relationship) _____
:

Do you own or rent your home: _____ If rent, do you have landlord's permission to keep a dog? _____

Landlord's name and phone: _____

Do you live in (circle one): House Apt. Trailer Condo Other (describe) _____

How long have you lived at this address? _____ If less than one year give previous address:

Do you have a fenced yard: _____ **List fence type and height:** _____

Does fencing **completely** enclose a yard for the dog? _____

Do you have a separate kennel run? _____ Height and type: _____

Can this Rescue Dog be isolated from other dogs if necessary? _____

How many adults in the household? _____ Children? _____

Ages and sex of children? _____

Are there regular visitors to your home (human and animal), with which your new dog must get along?
Describe: _____

Do you own other dogs? _____ Are they spayed/neutered? _____

Give breed, sex and age of each: _____

Do you own cats? _____ How many? _____ Any other animals? _____

Do you have a regular veterinarian? _____ Name and phone: _____

How many dogs have you owned in the last 5 years? _____

Give breed and list if you still own dog: _____

If not, what happened to dog? (be specific) _____

How many years have you owned Great Pyrenees? _____

How many have you owned (males and females)? _____

Did you do obedience or conformation training with any of them? _____

Give reasons why you can evaluate a rescue dog for temperament, training, socialization and placement into a suitable home:

As a NSGPR care provider, I agree to and understand the following:

The rescue dog shall be provided a fenced area, shelter, food and water. I will be reimbursed for feeding costs if requested.

Emergency veterinary care is at my discretion and NSGPR will reimburse a maximum of \$100 for emergency care. Euthanasia will be done per NSGPR policy or in the case of emergency at my discretion without Board approval.

I will provide written evaluations on each rescue dog.

I will immediately notify the NSGPR Rescue Chair of any rescue dogs unsuitable for placement.

I will not hold NSGPR or its members liable for any injury or damage caused by a rescue dog while in my care.

Signature of Care Provider

Date

Signature of NSGPR Rescue Chair

Date

Return completed form to: Marnie Loven-Bell 414-5th St SE Minneapolis, MN 55414