



Foster Application

If you have any questions, contact us at: info@njsheltierescue.org

INSTRUCTIONS:

- Download the form to your computer, fill it out and save it, then email it to: info@njsheltierescue.org
- Or Download the form, print and fill it out, scan it and email to: info@njsheltierescue.org
- Or Download the form, print and fill it out, then mail it to: **SSPSNJ, 107 Broad St., Suite 694, Hainesport, NJ 08036**
Please put **"Foster Application"** on the envelope.

Personal Information

Name(s):			
Address: (Street)			
(City, State, Zip)			
Phone:	Home:	Work:	Cell:
Email address:			

Your Household

Do you live in:			Do you own or rent?			Is your yard fenced?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Note: If you rent your home or , please send proof from your landlord that dogs are allowed.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	
House	Apartment	Condo	Own	Rent		Yes	No	If yes, indicate type	Height	
If you rent, does your landlord know you are getting a pet and are you familiar with all pet policies and requirements of your landlord or community? If you own, does your association or community have restrictions on pet ownership?										
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
If you rent, please enter your landlord's name and phone number and email address. YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU RENT AND DO NOT INCLUDE YOUR LANDLORD'S NAME AND CONTACT INFORMATION.										
Name(s): _____										
Phone Number: _____ Email Address: _____										
How do you plan on exercising this dog?										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:							
Fenced Yard	Leash	Other								
How many adults in household?	How many children in household?	Boys	Number	Ages	Do grandchildren live in or visit your home?	<input type="checkbox"/>	Number			
<input type="text"/>			<input type="text"/>	<input type="text"/>		Yes	<input type="text"/>			
		Girls	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	Ages			
						No	<input type="text"/>			
Do you foster children?	<input type="checkbox"/>	<input type="checkbox"/>	Number	Ages	Is anyone allergic to dogs?	<input type="checkbox"/>	<input type="checkbox"/>			
	Yes	No	<input type="text"/>	<input type="text"/>		Yes	No			
Does your home have a dog door?	<input type="checkbox"/>	<input type="checkbox"/>	Does your home have a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the area fenced-in separate from the yard?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No	In-ground	Above ground		Yes	No

Does your home have a trampoline? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it fenced-in? <input type="checkbox"/> Yes <input type="checkbox"/> No	During the day, is anyone at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100px;" type="text"/> If yes, who?
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Are there any special needs adults or children in your home? (If yes, please explain below) ☐ Yes ☐ No

Dog Experience

Have you ever owned a sheltie? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever owned a dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
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What breed? <input style="width: 150px;" type="text"/>	Are you willing to house train a dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Would you be willing to obedience train the rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to crate train the rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to foster a special needs dog? (i.e. epileptic, old dog, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever given up a dog for adoption or had to place a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please explain) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
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Would you be willing to take a dog at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to sign a release form? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be open to a home check? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the family active <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you walk your dogs regularly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	How many hours a day are you away from home (if any)? <input style="width: 150px;" type="text"/>
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Your Pets

Please enter information about any and all pets living in your household and on your property. Please include: Name, type of pet, breed, age, and gender. If no pets - please enter "none". (example of pets to be listed: dogs, cats, ferrets, birds, rabbits, farm animals, etc.)

Your Dogs

Breed <input style="width: 100px;" type="text"/>	Age <input style="width: 50px;" type="text"/>	Energy Level <input style="width: 100px;" type="text"/>
Breed <input style="width: 100px;" type="text"/>	Age <input style="width: 50px;" type="text"/>	Energy Level <input style="width: 100px;" type="text"/>
Breed <input style="width: 100px;" type="text"/>	Age <input style="width: 50px;" type="text"/>	Energy Level <input style="width: 100px;" type="text"/>
Breed <input style="width: 100px;" type="text"/>	Age <input style="width: 50px;" type="text"/>	Energy Level <input style="width: 100px;" type="text"/>

Additional Information:

Does your township or HOA have a dog limit? No <input type="checkbox"/> Don't Know <input type="checkbox"/>	Yes <input type="checkbox"/> What is the dog limit? <input style="width: 100px;" type="text"/> Don't Know <input type="checkbox"/>
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References

Reference 1

Name:	
Phone:	
Email:	

Reference 2

Name:	
Phone:	
Email:	

Please include two personal references above with contact information including email and phone. Only one can be a family member. (Your application will not be considered if you don't list references and contact information.)

Veterinarian

Name:	
Address:	
Phone:	
Email:	

Please supply the name and contact information of the veterinarian for all pets currently living in the home or that you have had in the past 2 years. If you do not have pets currently living in the home or none in the past 2 years, please enter N/A.

Are your pets regularly seen by a vet and up to date with their vaccinations?

☐ Yes ☐ No ☐ No Pets

Are all pets living in your home spayed/neutered?

☐ Yes ☐ No ☐ No Pets

☐ Foster homes are responsible for obtaining and submitting copies of all vet records, including bloodwork and any lab tests that are done, vaccination records, spay/neuter certificates as soon as possible. Vet records and invoices should be emailed to info@njsheltierescue.org to be placed in a dog's file. This information is shared with the dog's adopter.

☐ **ALL VETTING** must be **PRE-APPROVED** by a **board member**. This means the veterinarian must be approved, the visit must be approved, and any treatment or medications dispensed must be approved.

☐ **NO TREATMENT** may be done **without prior approval** of a **board member**. Treating a dog without discussing with a board member will result in the dog being moved to another foster home.

Foster must
initial

In case of EMERGENCY contact a Board Member ASAP

AGREEMENT

Should you foster a rescue sheltie for Shetland Sheepdog Placement Services of New Jersey, you understand that no dog will be allowed to run "free." That the rescue must be in a fenced area or on a leash. You agree never to leave the sheltie outside unattended or chained. When transporting the rescue sheltie, it will never be transported in the open bed of a truck. The sheltie will be transported in a secured manner such as a cage, seat belt harness, belted in with a leash, etc. You agree to feed, groom, exercise and be willing to provide medical/follow up care if needed with an SSPSNJ approved veterinarian (vet expenses reimbursed with SSPSNJ authorization), and provide lots of love to any sheltie that you foster for SSPSNJ. SSPSNJ reserves the right to refuse any application.

Foster
Signature _____

_____ Date

Foster
Print Name _____

Signature of
SSPSNJ
Representative _____

_____ Date

SSPSNJ
Representative
Print Name _____

If you decide to adopt your foster dog, an Adoption Contract must be completed and returned along with the standard adoption fee.