



COCKER SPANIEL RESCUE OF NEW ENGLAND, INC.

PO Box 162, Greenfield, NH 03047

(603) 547-3363

FOSTER HOME APPLICATION

Please fill this out in black ink.

Because the rescue cockers are Second Hand Dogs and have not had the benefit of having bonded with their new family since puppyhood and because we usually have no history on whether or not the rescue dogs were socialized around young children, CSRNE has decided that we **cannot adopt or foster to families with children under the age of 7 years. We realize that this policy may rule out some homes that would otherwise be wonderful but our first priority must be the safety of children.**

Name _____ Tel. _____ Date _____

Street _____ City _____ State _____ Zip _____

Employer _____ Work Tel. _____

Employer (spouse) _____ Work Tel. _____

E-mail address: _____

Please list pets you now have in your home: (Note: All dogs in foster home household must be spayed or neutered.)

| Name/Breed | Sex | Spay/Neut. | Age | Owned Since | Comments |
|------------|-----|------------|-----|-------------|----------|
| | | Yes/No | | | |
| | | Yes/No | | | |
| | | Yes/No | | | |
| | | Yes/No | | | |

Please list previously owned pets:

| Name/Breed | Sex | Spay/Neut. | Age | Dates Owned | What happened to him/her? |
|------------|-----|------------|-----|-------------|---------------------------|
| | | Yes/ No | | | |
| | | Yes/ No | | | |
| | | Yes/ No | | | |
| | | Yes/ No | | | |

Do you own _____ or rent _____: a house _____, apartment _____, or condo _____?

If renting, please give landlord's name, address, and telephone number. We require the landlord's **written** consent for your having a dog. Please include this consent when you return this application. Application cannot be processed without written consent.

Landlord's name _____ Street _____

City _____ State _____ Zip _____ Tel. _____

IMPORTANT: Please read!! CSRNE requires secure barrier fencing if you have children or other dogs. Exceptions to barrier fencing may be made for adult only homes; please enclose a note with your adoption questionnaire describing your environment, life style and how you plan on safely exercising and managing the Rescue Cocker consistent with CSRNE's Restraint Agreement if you cannot fence.

Do you have a securely fenced yard? Yes _____ No _____ How high? _____

If not, are you willing to fence, install a pen or run, or leash walk at all times?

yes _____ no _____ Please specify _____

Please sign and return the Restraint Agreement with this application.

How many adults in your household? _____ Children? _____ Ages of children:

Do you have much contact with grandchildren or neighborhood/other children? yes _____ no _____

What are the working hours of the adults in the house? _____

Does anyone in the house have allergies? Yes _____ No _____

Please describe the activity level of the house - busy in and out a lot, or is it a more quiet, structured atmosphere?

Where will the dog be kept during the day? _____

Where will it sleep at night? _____

Where will it be kept when left alone? _____

Where and how will the dog be exercised? _____

How many hours per day will the dog be left alone? _____

Cockers vary greatly in temperament, personality, and activity level. What characteristics would you find undesirable in a foster cocker?

Would you accept a dog that is older? Yes _____ No _____; has been abused? Yes _____ No _____; is not reliable with children? Yes _____ No _____; has a physical handicap? Yes _____ No _____; is pregnant and will be whelping? Yes _____ No _____; is recovering from medical treatment and may need foster care for 2 to 4 months? Yes _____ No _____; is not housebroken? Yes _____ No _____.

Page 3.

Please describe any experience you may have had in training and/or rehabilitation work with dogs.

Some rescue cockers have problems with separation anxiety, fearfulness or dominant behavior. Would you be willing to help retrain a dog following a specific behavioral remediation program that included support from a trained professional? Yes _____ No _____

If necessary, would you be willing to take a foster dog to obedience training (at CSRNE's expense) or to obedience train him yourself? Yes _____ No _____

If you now have a pet, is it up-to-date on its shots and heartworm test and on heartworm preventive? Yes _____ No _____

If you have owned a pet within the past ten years please fill out the following information.

Veterinarian' s Name _____ Street _____

City _____ State _____ Zip _____ Tel. _____

Note: Vet telephone number is mandatory.

I understand that CSRNE, Inc. will be responsible for any medical, training, or other approved expenses associated with the foster dog in my care.

I understand that by signing this form, I agree to release and covenant to hold harmless CSRNE, Inc. and its members from any claims, damages, costs, or actions incurred as a result of the foster care or actions of the foster dog.

I will notify CSRNE immediately should the foster dog become lost, stolen, seriously ill or die. The foster dog will wear a CSRNE ID tag at all times.

I understand that should I decide within the first 30 days of foster care to permanently adopt the CSRNE foster dog in my care, I will pay CSRNE the adoption fee to help defray the costs of spaying, neutering, shots, heartworm test and other medical expenses that have been incurred by CSRNE. The adoption fees are as follows:

\$275.00 for dogs ages through 7 years

\$100.00 for dogs over 7 years

I certify that I am at least 21 years of age and that I will be solely responsible for the care and well-being of any dog that I foster care for CSRNE.

Any misrepresentation of the true facts in this foster home application will invalidate the foster home agreement and will give CSRNE the right to immediately reclaim the foster dog.

Signature _____ Date _____

Please print out [RESTRAINT AGREEMENT](#) and mail it with this foster home application to address at top of page.

Your application CANNOT be processed without a signed Restraint Agreement.

[Back to the top](#)

Last Modified: 12/16/05