

DOBERMAN RESCUE OF NEW MEXICO Foster Home Application and Agreement

I agree to act as a foster home provider for Doberman Rescue of New Mexico, Inc. (DRNM). I also agree to fulfill and respect the following conditions while acting as a foster home provider:

- The dog will remain the property of DRNM. The dog will be surrendered to a representative of DRNM immediately upon request.
- The dog will be fed, watered, exercised, and will live within the home, unless other living arrangements are approved by DRNM. The dog is not to be allowed unsupervised off-lead time outside of fenced property of the foster family.
- The foster home will not be compensated for expenses incurred in the normal daily care of the dog; however, veterinary care may be provided by DRNM. This may include vaccinations, heartworm testing and preventative, spay/neuter, and any prescription medications necessary for the dog. Any expenditure incurred by the foster family other than emergency care and treatment require prior approval by DRNM. The foster family will be responsible for unapproved expenditures.
- The dog is to be adopted to its permanent home only under the supervision of DRNM to a family pre-approved by DRNM. Adoptive families may be contacted by the foster family to inquire about the dog; however, adoptive families are to be given respect and privacy.
- Adoption fees and/or donations connected with the adoption of the dog will be sent directly to DRNM, P.O. Box 26582, Albuquerque, NM 87125.

Any questions or problems regarding this foster care are to be directed to DRNM representatives. If there is need to remove the animal from the foster home, the animal is to be given directly to a DRNM representative.

The foster family accepts responsibility for any and all events that occur in connection with the fostering of a DRNM dog. The foster family agrees to release DRNM from any and all liability claims and responsibility for situations that may arise during the foster care of the dog.

The foster family will evaluate the dog and prepare a written evaluation. This evaluation will be kept with the adoption package as information for the new owners.

Download this form to your PC to complete it. Mail to:

Doberman Rescue of New Mexico, Inc. P.O. Box 26582 Albuquerque, NM 87125

First Name	Last Name				
Street Address			Unit, Ap	artment, etc.	
City	State	Zip _			
Phone number where you can be reached					
Email Address					
Have you applied for fostering or adoption through DRNM before? Yes No					
If yes, please indicate when					

Occupation	Employer					
Employer Phone	Employer Address					
Employer City	Employer State Employer Zip					
Marital Status: Single Marrie	d Do you have roommates? Yes No					
How many adults in your household	d? Age of adults, including yourself?					
How many children in your household? Age of children?						
What type of home do you live in?						
House Co	ondo/Townhouse Duplex/Triplex					
Apartment Mo	obile Home Other					
If Other, please explain						
How long have you lived at your cu	irrent home? Years Months					
Do you own or rent? Own Re	ent					
If you rent, do you have your landlo	ord's permission to keep a dog? Yes No					
Landlord's Name						
Landlord's Phone	Landlord's Address					
Landlord's City	Landlord's State Landlord's Zip					
If you move to a home where dogs	are not allowed, what would you do with the dog?					
Do you have a completely fenced y	vard suitable for a dog? Yes No					
Do you have a kennel run? Yes No						
If yes to either, please describe the fenced/kennel area (type, height, approximate size)						
	kennel run, how will the dog be exercised?					
When you are at home, where will	the dog be kept?					
Where will the dog sleep?						

How many hours per day will the dog be left alone?							
Where will the dog	g be housed while you	are gone?				_	
Who will be respon	nsible for the care of th	ne dog?				_	
Have you ever ow	ned a Doberman befor	e? Yes	No				
Do you currently o	own any pets? Yes	_ No					
If yes, please list b	pelow						
Туре	Breed	Age	M F	= ;	Spayed/Neutered Y	N	
Туре	Breed	Age	M F	= ;	Spayed/Neutered Y	N	
Туре	Breed	Age	M F	= ;	Spayed/Neutered Y	N	
Туре	Breed	Age	M F	= ;	Spayed/Neutered Y	_ N	
Туре	Breed	Age	M F	= ;	Spayed/Neutered Y	N	
Other than any pets you may have listed, how many pets have you owned in the last five years? If you do not still own them, what happened to them?							
-	en away any of your pe						
,	ain						
Do you have a reg	gular veterinarian? Yes	s No	_				
Vet's Name	Vet's Name						
Vet's Phone	/et's Phone Vet's Address				_		
Vet's City		Vet's	State	_	Vet's Zip		
Are you prepared to give the dog any needed health care?							
Yes No							
Please describe visitors/family that come to your home, human or animal, with whom the dog will have to interact.							
Describe your lifes	style. Active Inac	tive					
Will you attend dog obedience classes? Yes No							

What activities do you plar	n on doing with the do	g? Check all th	at apply.	
Companion	Agility Guard	_ Therapy	_ Obedience	Other
If Other, please gi	ve details			
What behavior would caus	e you to return the do	ng to DRNM?		
Would you be willing to ha is placed in your home for				at least once after a dog
Please provide 3 personal	references of people	that do not live	in your household	d.
Reference 1				
Name Reference 2	Phone		Relationship to y	/ou
Name Reference 3	Phone		Relationship to y	/ou
Name Do you have any additiona	Phone Il comments or inform	ation you feel i	Relationship to y s important to tell	/ou us?
Acknowledgment The information on this qu	estionnaire will be kep	ot confidential.	Please read the pa	aragraph below carefully.
I understand that Doberma information received about adoption. I understand that to foster. DRNM, and any responsible for any damag am in full agreement with t	the temperament, ha tit is my responsibility person associated wit le, accident or injury r	abits and physic to see and even th its temporary esulting from the	cal conditions of do aluate the dog for fostering program	ogs available for myself before agreeing n, is in no way liable or
By my signature and by se paragraph.	electing to submit this	form, I acknow	ledge that I have r	ead and understand this
Sign Name			Date	