



Come Bye Border Collie Rescue Foster Home Application

Please answer the following questions so that we can make the best possible match for a foster dog for you and your family. All information is confidential

Please tell us a little about yourself and why you want to foster a Border Collie or BC mix:

Personal Information

Your full name _____

Partner's full name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ Phone (w) _____] _____

Phone (cell) _____

E-mail Address: _____

How often do you check your e-mail? _____

Occupation _____

Employer _____

How long _____

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

Partner's occupation _____

Hobbies and activities: _____

Does anyone in your family have pet allergies? () no () yes

Who? _____

Please list the names and ages of all people living in your home:

Name	Age

P.O. Box 332
Highland, IL 62249
618-532-7289

www.comebybcrescue.org

Do you have an age preference for foster dogs? Please check all that apply

less than 1 year 1-3 years old 4-7 years old 8 years and up doesn't matter

Do you prefer to foster a Male Female doesn't matter

What else is important to you in deciding to foster a dog _____

Your Home and Yard

Do you live in: Apartment House Condo other: _____

Size of yard _____

Do you rent? Yes No

If you rent, does your rental agreement permit pets? Yes No

Does your rental agreement have a size limit on a dog? Yes No

If yes what is it _____

Landlord's name, address, and phone number (required) _____

How long have you lived there? _____ Years _____ Months

What type of area do you live in? _____ City _____ Suburb _____ Rural

Are there any ordinances limiting the number of dogs you can have on your property?

No Yes How many? _____

Is your yard fenced? _____ Type/height of fence?

If not fenced, when, how and where will you exercise your foster dog?

Does your home have an outside kennel or other facility with shelter or doghouse for the temporary housing or restricting of dogs? _____

Where will the foster dog spend its time alone (be specific please)?

Where will the dog sleep at night (be specific please)?

Care of the Foster Dog

Would your foster dog be living with or have any of these neighbors/visitors, or encounter any of these situations/activities regularly? (Check all that apply)

Other Dogs Children under 10 Dog Parks

Cats Heavy traffic Teenagers

Poultry Joggers/walkers

Livestock _____ Skateboarders

Horses Bicycles

Who will be the primary caretaker for the foster dog?

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What activities will your foster dog have? _____

Have you ever participated in an obedience class?

Do you plan to enroll a foster dog in an obedience class? () Yes () No
Explain: _____

How do you feel about using dog crates? _____

When you go on vacation, where will your foster dog go and who will care for it?

How long do you feel a foster dog needs for an adjustment period once placed in your care?

Is your family willing to work with a foster dog on any issues that he/she may have?

What behaviors would you have a hard time dealing with in a foster dog? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Dominance | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Destructive chewing |
| <input type="checkbox"/> Escaping Behavior | <input type="checkbox"/> Jumping on People | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Barks Excessively | <input type="checkbox"/> Nervous or Shy |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Too energetic | <input type="checkbox"/> Too Friendly |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Biting | <input type="checkbox"/> Submissive Traits Noisy |
| <input type="checkbox"/> Overly Protective | <input type="checkbox"/> Not good with other pets | <input type="checkbox"/> Plays too rough with children |
| <input type="checkbox"/> Submissive peeing | <input type="checkbox"/> Nipping at heels | <input type="checkbox"/> Needs too much exercise |
| <input type="checkbox"/> Herding other dogs, cats, children | | |

Your Other Pets

Please list all other pets you have owned in the last ten years (living or deceased):

Name	Type of animal/Breed	Spayed/Neutered?	Age/Owned how long

Do any of your current pets have a medical condition? If yes, please explain

What are your activities with your current dog(s)?

Other Information

How did you hear about us?

Have you ever applied to adopt a dog from us?

If so, when and which dog?

Please answer the following questions briefly:

Are you willing to allow a home visit by appointment?

Have you ever been bitten/attacked by a dog? If yes, please explain:

How will you confine the foster dog during periods of your absence?

Do you intend to keep the foster dog primarily indoors, outdoors, or combination?

Are you comfortable approaching dogs that you do not know?

Do you understand that dogs may be unpredictable and that CBBCR cannot guarantee that a dog we are attempting to rescue will not become aggressive?

yes no

Are you willing to assume the risks involved with working with animals that are sometimes frightened and in unfamiliar surroundings may become aggressive?

yes no

Are you willing to accept any risk involved in transporting a dog inside your vehicle?

yes no

Are you willing to foster a special needs dog, including but not limited to a dog with health issues, deafness, or a physical handicap, with guidance from CBBCR?

yes no

Are you willing to foster a dog that is not housebroken?

yes no

What type of volunteering have you performed in the past, or are performing now, for other volunteer organizations?

Please explain or describe and other information which you feel is relevant or important about yourself.

References

Please list four (4) people who have known you for at least 2 years. We recommend your vet, dog trainer, neighbor, personal friend, co-worker, no more than one family member may be listed. Please give home numbers only.

1.Name: _____ Phone Number: _____
Address: _____
Relationship to you: _____ E-mail _____
How often do they check their e-Mail Daily Weekly Monthly Other _____

2.Name: _____ Phone Number: _____
Address: _____
Relationship to you: _____ E-mail _____
How often do they check their e-Mail Daily Weekly Monthly Other _____

3.Name: _____ Phone Number: _____
Address: _____
Relationship to you: _____ E-mail _____
How often do they check their e-Mail Daily Weekly Monthly Other _____

4.Name: _____ Phone Number: _____
Address: _____
Relationship to you: _____ E-mail _____
How often do they check their e-Mail Daily Weekly Monthly Other _____

Emergency Contact: Please give us the name and phone number for a person not living with you.

I hereby affirm that all of the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to foster and that CBBCR reserves the right to reject any applicant. I authorize CBBCR to verify any and all information set forth in this application and to contact my personal references. I agree to provide any records to CBBCR of all foster dogs within my care.

I understand that dogs may be unpredictable and CBBCR cannot guarantee nor warrant that a dog we are rescuing will not become aggressive. I am willing to assume the risks involved with working with animals that are sometimes frightened and may become aggressive. I agree to assume all risks implicit in working with dogs that have come into the care of Come Bye Border Collie Rescue. I understand that dogs can be destructive and a foster dog may cause damage to my property. I am willing accept that risk and will not seek reimbursement from CBBCR for any damage.

Signature: _____ Date _____

Signature: _____ Date _____

PLEASE CONTACT YOUR VET AND LET THEM KNOW WE WILL BE CALLING. WITHOUT YOUR CONSENT, YOUR VET MAY NOT RELEASE INFORMATION TO US.

An incomplete application or misrepresentation of any facts on this application is grounds for refusal.