

MINNESOTA BOSTON TERRIER CLUB FOSTER ADOPTION APPLICATION

(a \$5 fee is required with all applications for insurance purposes)

If **any** information is omitted or the application **fee** is not included, this application will be discarded. We inspect home environment with each application. We reserve the right to refuse any applicant.

Your Name		Snouse's no	ame (if appropriate)			
our Name			Spouse's no			
Address	Street		A == #	Cit.	Ctata	7:
	Street		Apt #	City	State	Zip
	acted evenings		Work	Cell		
mail						
Additional Info	rmation					
low many peop	ole reside in you	r household? # of A	Adults	# and ages of children		
Vho else will ha	ave REGULAR co	ntact with the dog (we	eekly, monthly)			
Vho else will ha	ave REGULAR co	ntact with the dog (wo	eekly, monthly)			
o you own or i	rent 🔲		How	long in this location?		
o you own or i	rent 🔲	Own	How	long in this location?		
o you own or i	rent	Own	How address and inf	long in this location?		
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Are there Dogs currently Name	in the home?	☐ Yes (lis	t below) Age	Sex	Sterilized Y/N
Are there other animals i	n the home (cats, guinea p	igs, birds, etc.)?	□ No	☐ Ye	s (list below)
Please list the dogs you h Name	ave owned in the last five y Breed	years.	Age	Sex	Sterilized Y/N
Continue on book of form) if no coccom,				
Continue on back of form Please explain why previous	ously owned animals are no	o longer in your hon	ne. (use back c	of form if nece	essary)
What kind of training hav	ve your dogs had?				
Where will the Boston sta	ay when you are away from	n the home (i.e., cra	te, kitchen, rur	ining free, etc	c.)
How many hours will the	dog stay alone?	Hours	per day	da	ays per week
Why are you interested in	n fostering a Boston Terriei	r? (use back of form	if necessary)		
What qualities/traits do y	ou think you will find in Bo	oston Terriers?			
villat qualities/ traits do	, oa annik you will illia ili be	Jacon Terriera;			

Have you ever owned a	a Boston Terrier?	☐ No	Yes – when?
Have you ever bred Bo	ston Terriers? and for how long?	□ No	Yes (complete below)
Have you ever trained	or shown a Boston Terrier or other dog	?	Yes – please elaborate
Are you aware of the s	pecial needs of the Boston Terrier?	□ No	Yes – please explain
and expect the foster h will provide any items t provide for the daily co reimburse for the cost	cted to provide daily care and treatment nome to comply with any medical direct that were surrendered with the animal omfort of the animal which may include of food.	tives including giv such as leashes, o a bed, place to s	ring shots, administering medication. collars, crates. You will be expected to leep, and general nutrition. We do no
Many of the dogs surre	endered to us require behavioral modifi eash. While we do not provide formal t	ication or training	. This can include housebreaking or j
How much time would	you be willing to commit for behavior I	modification?	
I am interested in		of	e
Would you accept a Bo	ston with health issues?] Yes	No
Would you accept a de	af Boston?	Yes	No
Would you accept a Bo	ston with behavior issues?	Yes	No
Would you accept two	dogs from the same home?	Yes	No

The foster parent/family must be available to assist in the placement of their foster dog. This includes being available for our quarterly Meet & Greet opportunities with the public. The date of this event is announced in advance and notice will be sent by email. It is your responsibility to attend this event and be prepared to discuss the dog with any prospective adoption families. This event generally precedes our regular monthly meeting and will begin at 12 Noon. Our standard venue is Pet Junction located at 694 and Rice Street, just west of 35E.

Additionally, foster families are asked to accompany a placement representative at the time the dog is placed. All dogs are placed with a 3 week foster to adopt to ensure that this will be a good and permanent placement for the dog. You will be asked to meet at the prospective home with the dog and all items that were surrendered with the animal. This will be coordinated in advance and you will be asked to be listed as a contact for this family during the 3 week period as well as provide a written description of the animal's daily activities / needs / quirks, etc.

How did you hear about the Minnesota Boston T Humane Society Dog Show		Veterinarian
Family Member AKC I		
Other (please explain) References Personal references (no		
1. Full name	Phone Num	ber
2. Full name	Phone Num	ber
3. Full name	Phone Num	ber
Veterinary References for current or past pets.		
Name	Phone Num	ber
Full address		
I have read, understand and agree with the policinal application will not be reviewed if any questions make the financial and time commitment and unavailable to assist in the process of placement of	are left unanswered or the process derstand that standard expenses ar	ing fee is not included. I am able to
Signed	Date	
Please include your personal check or money or with the application form to:	MBTC Foster P.O. Box 7459	Boston Terrier Club and return this
ľ	Minneapolis, MN 55407	

To request a hard copy of this application form by mail, please contact us at mnbostonterrierclub@gmail.com or call the phone number below. We will be happy to forward it on to you.

Thank you for your interest in the Minnesota Boston Terrier Club. We appreciate your willingness to take the time to fill out this foster application. All information is CONFIDENTIAL. If you have any questions, please call the Club line at 651-254-9874 or visit our website at www.mnbtc.com to send an email.

You will be contacted to confirm receipt of the application and further review the foster process. Please be patient as we are a volunteer organization.