



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.

Date _____

Contact Information (please print)

Your Name _____ Spouse's name (if appropriate) _____

Address _____
Street Apt # City State Zip

Phone: Home _____ Work _____ Cell _____

You will be contacted evenings or weekends.

Email _____

Additional Information

How many people reside in your household? # of Adults _____ # and ages of children _____

Who else will have REGULAR contact with the dog (weekly, monthly) _____

Do you own or rent Own Rent How long in this location? _____

If less than one year, please provide previous address.

If you rent or own a townhome/condominium, please provide contact information for your landlord/management co.

Name: _____ Phone _____

Address _____
Street Apt # City State Zip

Fenced yard? Yes kind of fence (invisible, chain link, wood) _____

Height of fence _____ #of gates _____

No How do you plan to exercise the dog and where? _____

Do you operate a home based business? Yes No

If yes, what is the nature of your business and how often would vendors/clients visit your home?

Are there dogs currently in the home? No Yes (list below)

Name	Breed	Age	Sex	Sterilized Y/N
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Are there other animals in the home (cats, guinea pigs, birds, etc.)? No Yes (list below)

Please list the dogs you have owned in the last five years.

Name	Breed	Age	Sex	Sterilized Y/N
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Continue on back of form if necessary.

Please explain why previously owned animals are no longer in your home. (use back of form if necessary)

What kind of training have your dogs had?

Where will the Boston stay when you are away from the home (i.e., crate, kitchen, running free, etc.)

How many hours will the dog stay alone? _____ Hours per day _____ days per week

Why are you interested in fostering a Boston Terrier? (use back of form if necessary)

Have you ever owned a Boston Terrier? No Yes – when? _____

Have you ever bred Boston Terriers? No Yes (complete below)

When, where and for how long? _____

Have you ever trained or shown a Boston Terrier or other dog? No Yes – please elaborate

Are you aware of the special needs of the Boston Terrier? No Yes – please explain

Foster homes are expected to provide daily care and treatment. MBTC has financial responsibility for all medical needs and expect the foster home to comply with any medical directives including giving shots, administering medication. We will provide any items that were surrendered with the animal such as leashes, collars, crates. You will be expected to provide for the daily comfort of the animal which may include a bed, place to sleep, and general nutrition. **With the exception of a prescription diet, we do not reimburse for the cost of food.**

What financial commitment would you consider appropriate during foster care? \$_____/month

Many of the dogs surrendered to us require behavioral modification or training. This can include housebreaking or just learning to walk on a leash. We do not provide formal training, but we can provide professional training resources to assist you in this process.

How much time would you be willing to commit for behavior modification, if needed?

I am interested in Puppy Male Female No Preference
 Young adult between the age of _____ and _____
 Older adult between the age of _____ and _____

Would you accept a Boston with health issues? Yes No

Would you accept a deaf Boston? Yes No

Would you accept a Boston with behavior issues? Yes No

Would you accept two dogs from the same home? Yes No

