



GOLDEN BOND RESCUE OF OREGON
PO Box 25391, Portland, OR 97298
503-892-2897 A 501c(3) Corporation
www.goldenbondrescue.com

FOSTER APPLICATION/AGREEMENT

Please note, the Foster Program is not intended for fostering-to-adopt. Thank you for taking the time to fill out this application. Please answer the questions in this application with your ultimate goal in mind: fostering a rescued Golden. Required answers are marked with an asterisk (*). If a question does not apply to you, please write N/A in the response area. Please fill out this form completely and clearly. Please include area codes with all phone numbers, and please include your E-mail address, if at all possible. One of our representatives will be contacting you shortly after we receive your application.

Mail your completed Foster Home Application to:

Fostering Application
Golden Bond Rescue of Oregon, Inc.
PO Box 25391
Portland, OR 97298

NOTE: With the new rates postage is now a minimum \$1.30 to \$1.50 to mail this application. Please be sure you have the correct postage. The Post Office will return envelopes requiring additional postage, holding up your application. **We do not accept applications sent by email or FAX.**

Golden Bond Rescue cares deeply for the dogs they bring into their care. In many cases, these dogs have experienced very difficult lives up to this point, perhaps even enduring neglect and/or abuse. Once they are in our care, we want our dogs to be well-cared for and kept safe. Golden Bond Rescue does not make its dogs available for adoption until they have received all of their vaccinations, have been neutered or spayed, and have certain medical treatments completed. There will likely be times when the fosters will be required to take their foster dogs to a Golden Bond-approved veterinarian. Fostering is **very** rewarding but it will require a level of commitment from you.

BASIC CONTACT INFORMATION

Your Name: *

First Name

Last Name

Age: *

Second Applicant's Name:

First Name

Last Name

Age:

Relationship:

Spouse

Partner

Roommate

Other

Address: *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone: *

Cell Phone:

Work Phone:

E-mail address:

Fax Number:

Best way to reach you?

Home Phone

Cell Phone

Work Phone

E-mail

Your occupation: *

Second applicant's occupation:

Why do you want to foster? *

Best time to contact you:

ABOUT YOUR HOUSEHOLD

Are there any other residents in the house? * YES NO

Relationship:

Are all residents in agreement about fostering?

YES NO

Please list all children under 18 that live in your household or visit on a regular basis:

Resident or visiting children

	Child 1	Child 2	Child 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boy or Girl	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dog experience (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resident/Visiting (R/V)	<input type="text"/>	<input type="text"/>	<input type="text"/>

How will you supervise children while around the foster dog? Please be specific.

What responsibilities will the child have in caring for the foster dog?

We require in-home visits with all residents of the household present before we can place a foster in your care.

Best time for home visit?

Do you currently have a dog or any other pets living in your house or on your property?

- YES NO

Please list all pets that you currently have in your house or on your property, or who regularly visit your home:

Resident or visiting pets

	Pet 1	Pet 2	Pet 3	Pet 4
Animal Type (dog, cat, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (M/F)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spayed/Neutered (S/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resident/Visiting (R/V)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any of your current dogs shown aggression towards another dog or people? *

- YES NO N/A

If YES explain:

What brand and how much food does your dog(s) currently eat and how often is he/she fed?

Where does your current dog(s) sleep at night?

How does your current dog(s) react when a strange dog comes onto their property?

Are resident dogs allowed on furniture?

- YES NO

GBR prefers that foster dogs are not allowed on furniture as that should be a decision left up to the adopters.

Are all of your current pets up to date on rabies, distemper series, and bordatella vaccines? *

- YES NO N/A

Do your current pets get a flea preventative?

- YES NO

Please list the special needs or health situations of any current pets:

ABOUT YOUR HOME

What type of home do you live in? * Own home Rent home Condo/Townhouse
 Apartment Mobile home Other

How long have you lived at your present address (years, months)?

If you rent, do you have the permission of your landlord to keep a dog over 50 lbs?

- YES NO

You must provide written approval/permission from your landlord before your application will be processed.
Mail your landlord approval letter to:

Fostering Application
Golden Bond Rescue of Oregon, Inc.
PO Box 25391
Portland OR 97298

How many stairs are in the home (including basement):

	Number	Carpet, Wood, or Tile
From street to front door	<input type="text"/>	<input type="text"/>
From main floor to second floor	<input type="text"/>	<input type="text"/>
From main floor to basement	<input type="text"/>	<input type="text"/>
From main floor to yard	<input type="text"/>	<input type="text"/>

A fenced area is required. Please give the approximate dimensions of your fenced enclosure (feet x feet): *

Approximate height of fence at the lowest point (feet): *

Please describe the type of fence surrounding your enclosure:

- Wood Chain link Welded wire Privacy
- Other

Is your fenced enclosure directly connected to the house?

- YES NO

Which of the following do you have on your property:

- Tie-out stake Overhead cable Dog house Doggie door
- Separate kennel run

Approximate size of kennel (feet x feet)

Do you have:

- Swimming pool Spa Pond Other Water

Is pool fenced separately from yard?

- YES NO

YOUR EXPERIENCE WITH PETS

Have you ever adopted a Rescue dog before? *

- YES NO

If YES, from what Rescue organization?

Please describe your level of experience with Golden's and/or dogs and provide an honest assessment of your abilities to recognize and deal with problem behaviors that a foster might exhibit (e.g. barking, growling, food/toy possessiveness, chewing, digging, jumping, pulling on leash, lack of house-training, etc.)

I consider myself:

- an experienced Golden Retriever person (current or previous Golden Retriever owner)
- an experienced dog owner
- somewhat experienced with dogs
- novice dog owner

Previous dog experience

	Dog 1	Dog 2	Dog 3	Dog 4
Breed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years owned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What type of dog training classes have you completed, if any?

If yes, what training techniques/equipment were used or do you currently use?

Please list any special dog-related skills you have (e.g. groomer, trainer, vet tech, etc.):

How would you introduce a new dog into your household?

How would you safely handle a fight between dogs?

Do you allow your dogs to run free in unfenced areas? YES NO

If yes, where and when?

Many of our rescue dogs come to us not fully vaccinated. While at your home, your foster dog may need to visit a GBR vet once or twice for booster shots. To ensure these dogs are not exposed to diseases before they are fully vaccinated, we would like to ensure your resident dog(s) (if any) are current on their vaccinations: distemper, hepatitis, parvo & parainfluenza (aka **DHPP**), **bordetella** (aka kennel cough) and **rabies** (Leptospirosis vaccination is given to all foster dogs but is not a requirement for resident dogs). Please provide the name and contact information of your veterinarian as well as the name of your dog(s). If you have no resident dog(s), please disregard this section.

May we contact your preferred veterinarian's office?

YES NO

Note: Your preferred vet is the one who has seen your dog(s) and provided them with their most current vaccinations. Golden Bond Rescue will call your veterinarian's office to ensure that your dog(s) is/are current on the vaccinations mentioned above – we do not inquire about billing records or other personal information.

Veterinarian's office name:

Veterinarian's phone:

Note: If the records for your pet(s) are under a different name (e.g., maiden name or name from a previous marriage) from that on this application, please give that name here. Similarly, if there are two different surnames given for the applicants on this application, please indicate the one under whose name the records will be found

Owner's name on vet records:

If you have used another vet (e.g., cancer or orthopedic specialist) and wish to include their contact information, please give the office name and phone number here:

CARING FOR YOUR FOSTER DOG

Who will be the primary caretaker of the foster dog? *

How long will the foster dog be left alone each day? *

Where will the foster dog be when you are home? *

Where will the foster dog stay while you are gone? *

Where will the foster dog sleep at night? *

How will you exercise the foster dog?

Note: GBR foster dogs are not allowed to go to dog parks

Are you agreeable to crate-training?

- YES
 NO
 MAYBE

If NO, why not?

Do you have a crate large enough for a golden?

- YES NO

Do you have a flat collar ready for the dog that GBR and personal ID tags can be attached to?

- YES NO

GBR uses participating vets who give us a discount (names will be provided). Are you willing to use one of these vets near you or would you be willing to ask your own vet about being a participating GBR vet and giving us a 20% discount?

- YES NO

MATCHING YOU WITH A FOSTER DOG

Which gender would you be willing to foster? *

- Male Female Either

What age of foster would you consider? *

- 0-2 2-5 5-10 10+

Would you consider fostering a pair that should not be separated? *

- YES NO MAYBE

What type of activity level are you comfortable with in a dog? *

- Sedate Active Very Active

Other

Would you be willing to foster: **Owner-relinquished dogs? *** YES NO

Shelter dogs? * YES NO

International dogs? (e.g., Taiwan, China, Mexico) * YES NO

Please indicate your experience (YES/NO) and willingness to foster (YES/NO/MAYBE) a dog with the following behavior or medical issues.

Behavior/Medical Issues *

	Experienced with issue	Willing to foster with issue
Bathing	<input type="text"/>	<input type="text"/>
Grooming	<input type="text"/>	<input type="text"/>
Housebreaking	<input type="text"/>	<input type="text"/>
Crate Training	<input type="text"/>	<input type="text"/>
Leash Pulling	<input type="text"/>	<input type="text"/>
Jumping	<input type="text"/>	<input type="text"/>
Stealing food off counters	<input type="text"/>	<input type="text"/>
Chewing	<input type="text"/>	<input type="text"/>
Mouthing	<input type="text"/>	<input type="text"/>
Barking	<input type="text"/>	<input type="text"/>
Digging	<input type="text"/>	<input type="text"/>
Guarding food/toys	<input type="text"/>	<input type="text"/>
Shyness/Fearfulness	<input type="text"/>	<input type="text"/>
Dog-dog aggression	<input type="text"/>	<input type="text"/>
Separation Anxiety	<input type="text"/>	<input type="text"/>
Noise Anxiety	<input type="text"/>	<input type="text"/>
Submissive Urination	<input type="text"/>	<input type="text"/>
Ear Infections	<input type="text"/>	<input type="text"/>
Allergies	<input type="text"/>	<input type="text"/>

Hot Spots	<input type="text"/>	<input type="text"/>
Hypothyroidism	<input type="text"/>	<input type="text"/>
Seizures	<input type="text"/>	<input type="text"/>
Dispensing Pills	<input type="text"/>	<input type="text"/>
Surgery Recovery	<input type="text"/>	<input type="text"/>
Hip Displasia	<input type="text"/>	<input type="text"/>
Arthritis	<input type="text"/>	<input type="text"/>
Blindness	<input type="text"/>	<input type="text"/>
Deafness	<input type="text"/>	<input type="text"/>
Hospice Care	<input type="text"/>	<input type="text"/>

How long are you willing to foster each dog?

When are you able to start fostering?

Will you feel comfortable conducting phone interviews with potential adopters and having potential adopters come to your home to meet the foster dog?

- YES NO

Are you comfortable with the foster's responsibility of completing a Pre-Adoption Questionnaire on your foster dog as well as providing a website write-up and photos for the GBR website (forms and info will be provided)?

- YES NO

Anything else you'd like us to know or questions you may have?

FOSTER HOME AGREEMENT

I/We, the undersigned, in consideration for receiving temporary custody and providing temporary foster care for any golden retriever dog provided to me/us by Golden Bond Rescue of Oregon, Inc., an Oregon nonprofit corporation, hereby promise and agree as follows:

1. To seek permission/guidance for all veterinary care (other than life-and-death emergency situations) with the Intake Manager before any medical treatment is administered by a veterinarian.
2. To alert the Golden Bond Rescue Adoption Director to all aspects of the dog's personality, activity level, general health, etc. This information provides the Adoption Team the information necessary to match the dog with the right adoptive home.
3. Upon reasonable notice, to make the dog available to potential adopters and to answer all questions about the dog's behavior and health, honestly, to the best of my/our knowledge.
4. In the event I/we should desire to adopt any golden retriever dog placed in our temporary foster care and custody, we further promise and agree as follows:
 - a. To immediately contact the Intake Manager and Adoption Director and inform them of this request, ideally within the first three (3) weeks of the foster dog's stay, but always before any other potential adopters are referred to, and actually see, the foster dog.
 - b. To complete an adoption contract and pay to Golden Bond Rescue of Oregon, Inc. an adoption fee equal to the current "donation" adoption fee usually paid by the general public. Such an executed contract and fee will be delivered/paid within three (3) business days of actual verbal adoption approval by Golden Bond Rescue of Oregon, Inc.
 - c. To acknowledge that such an adoption is "AS IS," with no warranties expressed or implied, regarding the physical or mental condition of the subject dog.
5. Finally, if I/we breach/break any terms of this agreement, or are directed by Golden Bond Rescue of Oregon, Inc., to return the subject to it, even if we have not breached or broken this agreement, I/we agree to immediately release/return the subject dog to Golden Bond Rescue of Oregon, Inc., upon demand.

Pursuant to the terms of this agreement, I/we further agree and understand that legal ownership/title to the subject dog remains with Golden Bond Rescue of Oregon, Inc. and not with me/us.

Should it be necessary, I/we hereby allow any authorized agent of Golden Bond Rescue of Oregon, Inc. to reclaim the subject dog from me/us without further notice. Entry upon my/our premises to reclaim the subject dog for cause is expressly authorized and shall not be considered legal trespass.

Should litigation be required to enforce the physical return of the subject dog, I/we also agree to pay any legal costs and reasonable attorney fees, including those of any appeal, pursuant to ORS 20.096.

Date * - - 
Month Day Year

Foster Home Provider (Signature) *

Clear

Foster Home Provider (Print Name) *

Foster Home Provider (Signature)

Clear

Foster Home Provider (Print Name)

LIABILITY WAIVER

I/we represent that I/we have experience caring for and interacting with dogs to the extent represented in the attached Foster Home or Volunteer Application. I/we further understand some dogs entering Golden Bond Rescue may have unknown or abusive backgrounds. Surrendering owners or even shelters may also lie to Golden Bond Rescue about their own dog's traits or temperament. I/we therefore understand Golden Bond Rescue can make no representations to us about the traits or temperament of a Golden Bond Rescue dog with which we interact or foster. As such, I/we hereby hold Golden Bond Rescue, as well as its volunteers, directors and officers harmless for any personal injury or property damage any Golden Bond Rescue dog may cause with which we interact or foster. This includes us, and our family members and other family companion animals. I/we also agree to fully indemnify Golden Bond Rescue for any third-party liability for any Golden Bond Rescue dog while in my/our care, control and custody.

Date * - - 
Month Day Year

Foster Home Provider (Signature) *

[Clear](#)

Foster Home Provider (Print Name) *

Foster Home Provider (Signature)

[Clear](#)

Foster Home Provider (Print Name)