

# Pacific Northwest Mastiff Fanciers

## Foster Home Application

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Thank you for considering becoming a Foster Home!

Please complete the following form and a home visit will be required. When we need a home in your area you will be contacted with more information!

Application Date: [Click here to enter a date.](#)

Name(s): [Click here to enter text.](#)

Address 1 [Click here to enter text.](#)

Address 2 [Click here to enter text.](#)

City [Click here to enter text.](#)

State [Click here to enter text.](#)

Zip [Click here to enter text.](#)

Phone [Click here to enter text.](#)

E-mail [Click here to enter text.](#)



Employer Phone: [Click here to enter text.](#)

Spouse/Partner's

Employer/Phone: [Click here to enter text.](#)

Personal Reference: [Click here to enter text.](#)

Relationship and Phone: [Click here to enter text.](#)

Are their Children in the home? Yes  No

Any other regular visitors who will be in contact with foster dogs? Yes  No

Ages and sex:

Dogs or cats already in household? (list breed, age, sex neutered/spayed) [Click here to enter text.](#)

Are your dogs current on all vaccinations. Including bordatella/kennel cough? [Click here to enter text.](#)

Do your dogs accept new dogs into their home? [Click here to enter text.](#) Any other pets in the household? [Click here to enter text.](#)

Do you have a fenced yard? Yes  No  List fence height and type: [Click here to enter text.](#)

Does the fencing completely enclose the yard? Yes  No  Do you have separate kennel run? Yes  No

Do your pets have a safe haven away from the foster dogs? [Click here to enter text.](#) Any livestock? [Click here to enter text.](#)

Please list our experience with dogs: [Click here to enter text.](#)

Have you fostered for another rescue group? [Click here to enter text.](#)

If yes what group, when and where? [Click here to enter text.](#)

Preferred sex of foster dog? Other restrictions? [Click here to](#) Any experience with Mastiffs? Yes  No

enter text.

**To you have a place to confine a rescue dog that may have health issues?:** [Click here to enter text.](#)

**Will you foster a dog with kennel cough?** Yes  No  **Injured?** Yes  No  **With a litter?** Yes  No   
**with behavior problems?** Yes  No  **Not housebroken?** Yes  No

**Do you have any special animal skills ( trainer/groomer)?** [Click here to enter text.](#)

**Have you ever filed a complaint with animal control?** [Click here to enter text.](#)

**Length of time you will be willing to foster:** [Click here to enter text.](#)

**Hours a day the dog will be unattended?** [Click here to enter text.](#)

**Do you have a hobby farm or kennel license?** [Click here to enter text.](#)

**Please describe the types of confinement you can provide (circle)** fenced yard Kennel crate sizes?

**How will the dog be housed?(circle as many as applicable)**

Loose indoors crated basement garage fenced yard tied up outside kennel run other(describe)

**Please list the name and phone number of your Veterinarian:** [Click here to enter text.](#)

**Please list another person (not family) who is active in the dog community and knowledgeable about your care of your dogs?**

[Click here to enter text.](#)

**By my signature below, I certify that the above information is true and correct, and give permission for PNMF Rescue to contact the individuals named above to obtain information about me and/or my care of / work with animals.** Information from this form and any interviews will be kept confidential by PNMF Rescue unless disclosure is required by law.

X

Applicant Signature

X

Spouse or partner Signature

**We reserve the right to refuse an applicant for any reason**

Thanks you for contacting PNMF Education and Rescue. One of our representatives will be contacting you shortly after receiving your paperwork. If you have not received a response by phone, mail or email in 10 working days, contact PNMF Education and Rescue at 425-760-8090 and leave your name and number. We hope that you will be contacted before this call becomes necessary and, in most cases, you will be.

Please mail this completed and signed form to:

PNMF Education and Rescue,  
C/O Debbie Wickman  
21534 SE 265<sup>th</sup> PL,  
Maple Valley, WA 98038

To submit via email save this document to you computer, fill out and then attach it to your email and send to [Mastiffrescue@pnmf.org](mailto:Mastiffrescue@pnmf.org).