

SAMOYED RESCUE of TEXAS

SRT



Application to Foster a Rescued Samoyed

Thank you for your interest in our Samoyeds. Please, before completing this application, give the following questions some consideration. They may help you to decide if a Samoyed is the right breed for you.

- 1- Why do you want to work with Samoyeds? [Click here to enter text.](#)
- 2- Have you read any books or reference material regarding the Samoyed breed; or have any training experience? [Click here to enter text.](#)
- 3- Are you willing to help wherever needed, or do you have specific areas you would like to help with? [Click here to enter text.](#)
- 4-- Will your Fostered Samoyed be included in family outings and activities? [Click here to enter text.](#)

Personal Data

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

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

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

Email address: [Click here to enter text.](#)

Driver's License #: [Click here to enter text.](#) Best time to call: [Click here to enter text.](#)

Age: Click here to enter text. **Occupation:**Click here to enter text. **Married:**Click here to enter text. **Single:** Click here to enter text.**Other:** Click here to enter text.

Family Data

Number of adults in your home: Click here to enter text. **Name & age of other adult(s):** Click here to enter text.

Occupation of other adult(s): Click here to enter text.

Number of children: Click here to enter text. **Names and ages:** Click here to enter text.

Other people that will have frequent contact with dog: Click here to enter text.

Do all members of your family approve of fostering a Samoyed from SRT? Click here to enter text.

Home Data:

Do you: Own, Click here to enter text. Rent/lease your home? Click here to enter text.

House Click here to enter text. Apt/Condo Click here to enter text.

Other Click here to enter text.

If your home is leased or rented, does your landlord allow dogs over 65 pounds?Click here to enter text.

Landlords Contact Information, (Phone, email, address)

Click here to enter text.

Do you have a fenced yard? Click here to enter text. **Secure Gates?** Click here to enter text.

Fence type: Click here to enter text.**Fence height:** Click here to enter text.

Present and Previous Pet Data

1. **How many pets have you owned in the last 10 years?** Click here to enter text.

A. Please list dog/cat? Where is animal now? If deceased, list cause: List age:

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

B. **Where did you acquire these pets?**Click here to enter text. **Breeder/Kennel name:** Click here to enter text.

2. **Have you ever relinquished an animal to a shelter or rescue:** Yes Click here to enter text. or No Click here to enter text. **If yes, why?** Click here to enter text.

3. **Have you ever lost a dog?** Yes Click here to enter text.NoClick here to enter text. **If yes, how?** Click here to enter text.

4. **Do you currently own any dogs?** Yes Click here to enter text. No Click here to enter text. **Male or Female?** Click here to enter text.**Spayed/Neutered?** Y Click here to enter text.

or No Click here to enter text.

5. If you have fostered or owned Northern Breeds, please explain how you maintain the coat?
Click here to enter text.

B. Do you use a professional groomer? If yes, please list name, address, & phone number: Note: ALL groomers must be preapproved by an SRT. No exceptions. Click here to enter text.

9. Do you agree to:

A: Use only dry kibble, canned food, fish oil pills, and vitamin supplements that are specified by SRT? "Missing Link" supplement must be provided once daily, dosages to be as per manufacturers directions? If you need help locating or purchasing these products, please contact SRT.

B: ***Provide Heartgard as a monthly heartworm preventative?*** This may be provided by SRT.

C: Provide monthly flea and tick control, (generally provided by Foster.)

D: Receive permission from SRT before administering any prescription medication, or changing any foods, additives, or supplements? NEVER allow Sulpha-based medications to be given to your Foster dog

Family Lifestyle

1. Please check those that best describe you and your family:

Physically very active Click here to enter text.

Homebody Click here to enter text.

Flexible Click here to enter text.

Physically active Click here to enter text.

Laid back Click here to enter text.

Chaotic Click here to enter text.y

Active Click here to enter text.

Often gone weekends Click here to enter text.

Socially active Click here to enter text.

Camping/Hiking Trails: Click here to enter text.

2. Have you carefully considered how fostering a Samoyed will fit into your lifestyle? Click here to enter text.

Future? Click here to enter text.

3. Are you financially able and willing to care for your foster dog should they become ill, or require emergency care? Note: SRT will reimburse reasonable emergency expenses. All routine Veterinary visits must be at an SRT approved clinic. Click here to enter text.

4. Do you feel your lifestyle has plenty of time for a Samoyed Foster? Click here to enter text.

5. Do you restrict your pets to certain areas of the house? Click here to enter text.

6. Are you familiar with crate training? Click here to enter text. Will dog be crated for safety reasons while no one is home? Click here to enter text. If no, what arrangements will be made? Click here to enter text.

7. Are all family members OK with the shedding factor? Click here to enter text.

8. If you travel for business, what arrangements will be made for your Samoyed? Click here to enter text.

Canine Preferences

Are you looking for a:

Moderately active [Click here to enter text.](#) High Energy [Click here to enter text.](#)

Sedentary companion [Click here to enter text.](#) Juvenile [Click here to enter text.](#)

Adult [Click here to enter text.](#) Senior (10 or over) [Click here to enter text.](#) Any [Click here to enter text.](#)

Miscellaneous

1. Have you answered all the questions on this application? Yes [Click here to enter text.](#) No [Click here to enter text.](#)

2. Do you understand all of the questions on this form? Yes [Click here to enter text.](#) No [Click here to enter text.](#) Please call Samoyed Rescue of Texas for clarification if needed.

Legal

You will be required to sign a contract if your Foster Application is approved. Please check the following boxes to acknowledge that you have read and agree with the following statements.

[[Click here to enter text.](#)] I agree that my Samoyed will be an inside house pet, and will never isolated outdoors in a kennel, or tied to a rope or chain, or receive inhumane treatment.

[[Click here to enter text.](#)] I always agree to always keep a collar on my Foster Samoyed, with proper identification tags, including all current contact information.

[[Click here to enter text.](#)] I agree to return my Samoyed Foster only to SRT, or its representative in the event I am incapable of providing proper care.

[[Click here to enter text.](#)] I agree to always care for my foster in a caring and responsible manner.

[[Click here to enter text.](#)] I agree to ***never allow my foster in the front seat of a vehicle unrestrained.***

[[Click here to enter text.](#)] I agree to contact SRT immediately if my Samoyed develops a behavioral problem,

Please list two references that you have known for at least two years. **(Do not include family members or relatives).**

Name: [Click here to enter text.](#) City/St: [Click here to enter text.](#) Contact Info: [Click here to enter text.](#)

Name: [Click here to enter text.](#) City/St: [Click here to enter text.](#) Contact Info: [Click here to enter text.](#)

1. I certify that I carry adequate insurance coverage in the event of personal or liability damages resulting from a dog I may handle or other volunteer activities I carry out for SRT.
2. I agree to hold harmless SRT, its Board of Directors, their successors, heirs or assigns, any agent carrying out duties on behalf of SRT, and any and all participating persons who might be claimed to be liable, whether or not herein named, from any and all actions, causes of action, lawsuits, claims and demands which I now have or may hereafter have, arising out of, or in any way relating to, any and all injuries and damages, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to my participation as a SRT volunteer or foster home.
3. I agree that this release shall be legally binding upon the undersigned and his/her respective heirs, executors, administrators, personal representatives, successors and assigns.

4. I agree to provide SRT with periodic updates to ensure information on Samoyed Fosters is kept current, and to allow SRT to aid with any specific issues or questions., and to promote open communication, while sharing information within the organization.

I certify that the information I have given is correct and I realize that my misrepresentation of the facts may result in losing the privilege of fostering a Samoyed. I understand that SRT has the right to deny my request to foster for any reason. Fosters are generally required to reside in the DFW area and must agree to an interview and Home Visit, as policy requires. I authorize investigation and verification of all statements contained in this application. I understand that my submission of this application neither guarantees nor implies that SRT will offer me a Samoyed to foster

Signature: Click here to enter text. Printed Name: Click here to enter text. Date: Click here to enter text.

Signature: Click here to enter text. Printed Name: Click here to enter text. Date: Click here to enter text.

Signature: Click here to enter text. Printed Name: Click here to enter text. Date: Click here to enter text.

If you have any questions regarding this application, please contact an officer of Samoyed Rescue of Texas.

Notes: Click here to enter text.

Click here to enter text.

Click here to enter text.

OFFICE USE ONLY

File Number: Click here to enter text. Home Visit By: Click here to enter text.

Date Application Returned: Click here to enter text. Approved or Denied: Click here to enter text.

Date Called for Interview: Click here to enter text. Date dog was met: Click here to enter text.

Date of Home Visit: Click here to enter text. Date of Adoption: Click here to enter text.

Recognized by the Samoyed Club of America

Recognized Affiliate of National Samoyed Rescue

www.samoyedtexas.org www.facebook.com/SamoyedRescueofTexas Steve@samoyedtexas.com