

**GREAT DANE RESCUE OF NEW ENGLAND, Inc.**

**VOLUNTEER – FOSTER QUESTIONNAIRE** 5-13

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*What are you interesting in doing? Please check all that apply:*

*Transporting*    *Events*    *Fostering*    *Training*    *Education*  
 *Grants*    *Fundraising/Donations*    *Phone Screening*    *Vet/Reference Checks*  
 *Home Visits*    *Evaluations*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_

What is the best time to contact you \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about our rescue organization? \_\_\_\_\_

Members of Household and Ages: Adults \_\_\_\_\_ Children \_\_\_\_\_

Occupations: \_\_\_\_\_

Employer: \_\_\_\_\_ How long at current job: \_\_\_\_\_

Have you ever owned a Great Dane? \_\_\_\_\_

Have you ever surrendered an animal to a shelter or rescue?  If yes, please explain:

Do you have people and or animals that visit your home on a regular basis? If yes, (please explain)

Is there anyone in your home with any animal related allergies? If yes, (please explain)

Have you or anyone in your home, family member or a visitor that comes to your home regularly ever been convicted or charged with cruelty to animals? If yes, (please explain)

Are you currently volunteering with any another rescues? \_\_\_\_\_ If so, which one(s)?

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What kind of home do you live in? (Check One):  Single Family  Condo/Townhouse  
 Apartment  Multi-Family/Duplex  Other(Explain) \_\_\_\_\_

What type of neighborhood do you live in? (Check One):  Suburb  Urban  Rural

Do you have a fenced in back yard? \_\_\_\_\_ if yes, (Explain) (height, material type, etc.)  
\_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If you rent, we will need a letter from your landlord, giving you permission to own or foster a Great Dane. Please provide the Name, Address, Email (if applies) and Phone Number of the Landlord.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

How many hours will the dog be alone each day? \_\_\_\_\_

Where will the dog spend most of the day?(Note-we do not allow our dogs to be kenneled outside of left outside) \_\_\_\_\_

If indoors alone (free roam, crate, limited space, etc.):  
\_\_\_\_\_

Where will the dog sleep at night?  
\_\_\_\_\_

If you work full-time, how will bathroom breaks be managed?  
\_\_\_\_\_

How will you exercise your foster dog?  
\_\_\_\_\_

What behavioral problems are you familiar with? and have experience with?  
\_\_\_\_\_

What behavioral problems are you not willing to work with?  
\_\_\_\_\_

If you and your family go away from home overnight or on vacation, what will you do with the foster Dane?  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: If a foster dog is going to be taken to a daycare or have a dog walker/pet sitter, or a friend or another family member taking care of during the day or while you are away, those individuals will need to fill out this questionnaire as well.**

Please list the names, breed, gender, age and whether or not your pet is up to date (UTD) on their vaccinations and if there are any medical conditions:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ UTD: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ UTD: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ UTD: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ UTD: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Do your current animals have any type of behavioral problems: (Ex: food aggression, reactive or aggressive behavior, resource guarding etc.): \_\_\_\_\_  
\_\_\_\_\_

How many dogs have you owned in the past 5 years and if they are not with you anymore please explain? \_\_\_\_\_  
\_\_\_\_\_

**Fill out below if you want to foster**

***By signing below you understand that you are not allowed to adopt the first 3 fosters you have in your home, unless it is a situation that we (the rescue) feel that the current situation is for the best, at that time it will be reevaluated. At no time are you allowed bring a dog to the veterinarian without a director's approval (unless it is an emergency and no director can be found within a reasonable time frame). Also, we will take into consideration your thoughts and suggestions, but the director's make the final decision. Fosters are to provide us with accurate descriptions of the dogs physical and mental state. Please note that there is no specific time frame for a foster, some dogs need a week others need longer, unless it is an unsafe situation, you have obligated your time and dedication to the dog in need until it is decided that the dog is ready to go into a forever home.***

The following are the basic qualifications and what is required to become a foster home:

- You will need a safe, secure space inside your home for your foster dog.
- Each foster dog will require a specific schedule, you will need to be able to provide the required time to allow for routine exercise for your foster dog, as well as any potential emergencies that may occur.
- You will need to provide transportation for your foster dog to meet with potential adopters on a scheduled basis with the director's, or to bring your foster dog to scheduled events during the weekend or needed vet appointments.
- You must be able to commit time and effort to socializing, and training your foster dog as well as provide ongoing input on any behavioral changes. This will be with the guidance and recommendations of the rescue evaluators.

**Personal Reference**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Relationship to the applicant:** \_\_\_\_\_

**Years acquainted:** \_\_\_\_\_

**Veterinarian Information**

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Years acquainted:** \_\_\_\_\_

**BELOW APPLIES TO ALL APPLICANTS**

**MEDICAL RELEASE**

By submitting this form, I hereby authorize the Doctor of Veterinary Medicine, to disclose and/or release to **Great Dane Rescue of New England, Inc.**, its agents, successors or assigns, either verbally or in writing, complete information concerning his or her medical findings, treatments and records about any animals for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine. (\*\*\*)Please contact your vet to let them know we will be calling. They may require your permission before speaking with us. (\*\*\*)). By signing below, I certify that the above information is true and correct.

**LIABILITY RELEASE AND WAIVER** *Application cannot be processed without acceptance of this waiver.*

We have voluntarily contacted the Great Dane Rescue of New England, Inc. (hereinafter **GDRNE**), and have expressed an interest in volunteering/fostering a dog in the care and custody of the **GDRNE**. In consideration of **GDRNE'S**'s agreement to allow me to view or interact with such dogs, I hereby, for myself, my heirs and my personal representatives, represent and warrant as follows:

1. I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of **GDRNE**. I knowingly assume all risks that exposure to dogs may pose, including but not limited to, serious bodily injury and/or death.
2. I hereby waive, release, discharge, hold harmless, and promise to indemnify and not to bring suit against **GDRNE.**, its directors, officers, volunteers, staff, and all other agents, and attorneys for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my exposure to such dogs. If any suit/charges are brought on while any "Rescue Dogs" are in my custody I am fully responsible for all fees accrued and responsible for the actions of said dog while it is in my care.
3. I certify that the information contained herein is true and if found to be false, my application can be refused by **GDRNE** and/or may reclaim their Rescue Dane without a refund of monies paid.
4. I understand that by filling out this form, **GDRNE** is not obligated to accept my application.

**Applicants MUST be 21 years of age or older. ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER MUST SIGN THIS APPLICATION. Also by signing below you agree that all materials/objects/supplies including but not limited to forms, collars, crates, etc. provided to the volunteer/foster (for events/foster/volunteer purposes) will be returned within 24 hours of a Director asking for them verbally or written.**

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please sign and return to the following address:**

**Great Dane Rescue of New England (GDRNE)  
PO Box 100083  
Cranston, RI 02910-0061**