

# GREATER SWISS MOUNTAIN DOG RESCUE FOUNDATION FOSTER CAREGIVER PROFILE



Name(s) of Adult(s): \_\_\_\_\_

Address, City State Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

### About the home environment in which the Swissy will be fostered:

Number of children living with or regularly visiting you: \_\_\_\_\_ Ages of children: \_\_\_\_\_

How many years have the adults owned dogs? \_\_\_\_\_

Please list any dogs currently living in your household:

<u>Age</u>	<u>Breed/Temperament (eg submissive, alpha, etc.)</u>	<u>Sex</u>	<u>Spayed/Neutered?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other pets in your household that the foster dog would come into contact with:

Do you live in/on (circle one): Ranch/Acreage Single Family Home Townhome/Condo Apartment Other

If you have a fenced yard, how tall is the fence & what is it constructed of? \_\_\_\_\_

How do you plan to exercise and socialize the foster dog? \_\_\_\_\_

Where will the foster dog be during the day and where will it sleep at night? \_\_\_\_\_

Have you ever owned a Swissy before? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is anyone in your household a: Vet or Vet Tech \_\_\_\_\_ Professional Dog Trainer \_\_\_\_\_

Would you foster a special needs Swissy? (circle all that apply):

Dominant (Alpha) Dog	Dog-Aggressive Dog	Separation Anxiety
Blind Dog	Deaf Dog	Arthritic or Dysplastic Dog
Incontinent Dog	Fear of Humans	Other Medical Issue(s): _____

With which of the following do you have actual experience (circle all that apply):

Dominant (Alpha) Dogs	Aggressive Dogs	Separation Anxiety
Serious Health Issues	Blind or Deaf Dogs	Senior Dogs
Showing Dogs	Owning a Swissy	Owning a Large Breed Dog (90+ lbs)

All attempts are made to pay any veterinary bills with a rescue credit card, but while fostering you may be asked to initially pay for some veterinary expenses and then submit the receipts to GSMD Rescue for reimbursement. If necessary are you willing to do this? \_\_\_\_\_

All dogs are spayed/neutered, brought up to date on shots, and microchipped prior to placement. A foster home is also required to help screen potential homes. Are these things that you are willing/able to do? \_\_\_\_\_

**Please list your vet's contact information. Rescue will contact your vet to request a rescue discount, arrange payment and provide any information or foundation paperwork required.**

Name of Facility: \_\_\_\_\_ Vet's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that my statements and answers to these questions are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Return via e-mail: [rescue@gsmdrescue.org](mailto:rescue@gsmdrescue.org)  
 Or fax to: 941-761-5702  
 Or, mail to: GSMD Rescue Foundation  
 c/o Pat Saxon  
 19010 70<sup>th</sup> Avenue East  
 Bradenton, FL 34211