

# ***Blue Ridge Border Collie Rescue Inc.***

## ***Foster Volunteer Information Form*** **Contact Information**

Name \_\_\_\_\_

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

Day Phone Number: ( ) \_\_\_\_\_ Evenings: ( ) \_\_\_\_\_

Preferred time to call: \_\_\_\_\_ E-mail address \_\_\_\_\_

### **Limitations**

*We will respect any limitations you specify below. If you have no restrictions, skip this section.*

**Length of foster care** (circle and fill in blanks, if applicable):

No more than \_\_\_\_\_ night(s) maximum.      No more than \_\_\_\_\_ week(s) maximum.      Indefinite OK (average 3 weeks)

**Restrictions on foster dog:** (circle restriction and fill in blanks, if applicable):

Dog must be housetrained

OK with \_\_\_\_\_ (supply cats, kids and ages, whatever else)

No puppies younger than \_\_\_\_\_

No dogs larger than \_\_\_\_\_ lbs (optimum weight)

No medical rehab

No behavioral rehab

Only \_\_\_\_\_ (supply any limitation such as male/female, altered dogs, activity level, etc).

### **References:**

Please list at least four personal references, including name, phone number & relationship to you:

Please provide Veterinarian's name, address and phone number:

### **Liability Release Statement**

**I certify that I have never been convicted of animal cruelty, neglect, or abandonment.**

I, \_\_\_\_\_, release, discharge, and hold harmless Blue Ridge Border Collie Rescue, Inc., all individual volunteers, and anyone else associated with Blue Ridge Border Collie Rescue, Inc., from any charges or claims arising from, my participation in any action related to the activities of Blue Ridge Border Collie Rescue, Inc.

Signature

Date

**Mail to:** Blue Ridge Border Collie Rescue, Inc. c/o Karin Readell, 3898 Wilderness Drive, Union Bridge, MD 21791