

## Foster Carers Questionnaire

Please complete this questionnaire and return to us and one of the team will contact you

Name:

Address:

Landline Number:

Mobile:

Email:

Age bracket of primary foster carer - 18-30 / 31-50 / 51-70 / 71-80

Number of people in the household under 18 \_\_\_\_\_

Number of people in the household over 18 \_\_\_\_\_

Does anyone in the household have any medical conditions or taking medication which could affect your application? If so, please give details \_\_\_\_\_

Do you have regular visits from children under 12? Yes / No

Do you agree to appropriately supervise such visits? Yes / No

Have you ever been arrested, cautioned or taken to court by the police? Yes / No If Yes, please give details \_\_\_\_\_

Has any person in the household been banned at any time from keeping dogs? Yes / No

Have you owned, rescued or fostered a dog in the past? Yes / No

Do you rent or own your current home? Own / Rent

If rented accommodation, does the lease permit dog ownership? Yes / No

Are all residents in the household in agreement to foster? Yes / No

Would you prefer to foster a: Dog / Bitch    Puppy / Young Adult / Middle Aged Adult /  
Elderly Adult / Any

Are you first time dog owners? Yes / No

Do you have any dog training experience? Yes / No

If Yes, what method of training do you use? \_\_\_\_\_

Have you ever had an application for homing or fostering declined? Yes / No

Do you have experience of Bedlington Terriers and / or crosses? Yes / No

If Yes, please elaborate \_\_\_\_\_

\_\_\_\_\_

Are you willing to foster more than one dog from a gifting owner? Yes / No

Are you willing to foster a dog with medical or behavioural issues? Yes / No

If yes, are you prepared to fully implement the particular requirements as specified by the BTRF appointed Trainer / Behaviourist / Medical Adviser? Yes / No

Are you willing to transport the dog to veterinary / grooming appointments? Yes / No

What is the maximum length of time a dog will be left alone at home at one go? \_\_\_\_\_ hours.

Please state your occupation \_\_\_\_\_

Partner's occupation \_\_\_\_\_

Please state if you work: Full Time / Part Time / Retired

Are there any other dogs in the household? If so, please state breed, age and sex and whether entire or neutered:

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

Are there any other animals in the household or vicinity? If so, please state type and proximity:

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

Is your home a: Detached House / Semi-House / Bungalow / Flat / Mobile Home / Other

If other, please specify \_\_\_\_\_

Is the household: Quiet / Average / Busy

Is the garden fencing secure and in good repair? \_\_\_\_\_

Height of fences / gates \_\_\_\_\_

Will the foster dog live in the house? Yes / No

Will you strive to minimise stress, separation anxiety or any other psychological aspects of bringing home a rescue dog? Yes / No

Will the dog be allowed on furniture? Yes / No

Will the dog be allowed in the bedroom? Yes / No

Where will the dog sleep while under your care? \_\_\_\_\_

Do you agree to advise BTRF of any absences and of plans to cover while away? Yes / No

**If the dog is to be left in care while you are away, BTRF must be notified so that we can ensure that the cover is suitable.**

Are you willing to travel to collect the dog from the gifting owner? Yes / No

Do you agree to keep BTRF advised of any illness, injury, behavioural issue or untimely death of the dog in your care? Yes / No

**We would like to be considered as foster carers for BTRF. We have read and understand the Foster Carers Information Sheet and agree to adhere to the information on the information sheet if successful. We are happy for a member of the team to contact us to discuss our request further**

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Foster Carer Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return your completed form to:

**Kaye Scott  
Training and Behaviour Advisor  
Bedlington Terrier Rescue Foundation  
7 Belvedere Rd  
Biggin Hill TN16 3HX**

**THANK YOU!**