

# Newfoundland Health and Rescue Inc.

## Owner Relinquish



*(Please read carefully. This is intended to be a legally binding document)*

Since you are no longer able to care for your purebred Newfoundland and wish to ensure that it finds a new home where it will be loved and cared for, we want to thank you for releasing it to Newfoundland Health & Rescue Inc. (hereinafter referred to as NH&R). Please complete the following owner release form so that we may better assess your dog's needs at this time. We place every dog in an approved foster home until an appropriate permanent home is found. In all cases the best interests of the dog is paramount. We will **not** release the dog to a shelter. We applaud your decision for giving your dog a second chance for a good life through this program.

**Note: We cannot accept any dog that has a history of aggression towards people.**

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed / Neutered: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Color & Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ From Whom: \_\_\_\_\_

Address of breeder (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Did you have a signed contract with this breeder? \_\_\_\_\_ Are registration papers available? \_\_\_\_\_

Is there a co-owner listed on this dog's registration? \_\_\_\_\_ If yes, name and phone# \_\_\_\_\_

Is your dog microchipped? \_\_\_\_\_ If yes: Home Again  AVID  other  Microchip# \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of last vaccinations: \_\_\_\_\_ DHPP Rabies Bordatella \_\_\_\_\_

Heartworm check: \_\_\_\_\_ Date of last heartworm preventative pill: \_\_\_\_\_

Any medical issues we should be aware of? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

What Brand of Dog Food? \_\_\_\_\_ How much? \_\_\_\_\_ Times per day? \_\_\_\_\_

### TEMPERAMENT:

Like to ride in cars? yes no Afraid of storms? yes no

Like to swim? yes no Used to children? yes no

Jump fences? yes no Good with children of all ages? yes no

Dig? yes no Let you take toys? yes no

Good with other dogs? yes no Good with cats? yes no

Chase cars? yes no Used to being groomed? yes no

Urinate when scared? yes no Used to being walked? yes no

Come when called? yes no Obedience trained? yes no

Growl at strangers? yes no Is the dog house broken? yes no

Crate trained? yes no

What commands does the dog know? \_\_\_\_\_

Has the dog bitten anyone? yes no

If yes, please explain the circumstances: \_\_\_\_\_

What does the dog like/dislike? \_\_\_\_\_

What are the dog's best/worst points? \_\_\_\_\_

List any other information that might be helpful for placement or for new owners: \_\_\_\_\_

Why are you giving this dog up? \_\_\_\_\_

Newfoundland Health and Rescue Inc.  
Owner Relinquish



**TO BE COMPLETED BY THE RELINQUISHING OWNER(S):**

I/We certify that I/we own the above dog and that this dog has not shown any signs of aggression, or bitten anyone in the past ten days and that the statements above are true and accurate. I/We agree to indemnify and hold harmless NH&R by, from and against all claims, suits, damages, liabilities and costs related to or in any manner connected with this dog. I/We further acknowledge understanding that the dog becomes the property of Newfoundland Health & Rescue Inc.

Owner's Name  
*(please print legibly):* \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Owner's signature:   x   \_\_\_\_\_

Owner's signature:   x   \_\_\_\_\_

Rescue representative signature:   x   \_\_\_\_\_ Date: \_\_\_\_\_

Newfoundland Health and Rescue Inc.  
Release of Information/Records Authorization



I, \_\_\_\_\_, hereby authorize any veterinarian, clinic, custodian of records, laboratory, person or corporation who has attended/examined my animal, or who has records pertaining to relative veterinary procedures, to furnish to the Newfoundland Health and Rescue, Inc. or any of its authorized agents presenting this release to them, any oral or written statements, x-rays, forms, or any records whatsoever with respect to any veterinary related history, consultation, condition, prescription, or treatment. I further authorize any of the above persons to make available to the Newfoundland Health and Rescue, Inc., or its authorized agent, copies of any information possessed or maintained by them.

**An exact copy of this authorization shall be accepted the same as the original in all instances.**

\_\_\_\_\_ **X** \_\_\_\_\_ / /  
Print Name Signature Date

\_\_\_\_\_ **X** \_\_\_\_\_ / /  
Print Name Signature Date

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Description of Your Pet**

Newfoundland's name: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Altered?  yes  no

Color & Markings: \_\_\_\_\_

**Newfoundland Health & Rescue, Inc.**  
June Gibson, Rescue Committee  
5521 Pyracantha  
Shingle Springs, CA 95682  
530-676-4545



# Newfoundland Health and Rescue Inc.

## Foster & Transport Application



Thank you for your interest in providing a Foster Home for a Newfoundland dog through Newfoundland Health & Rescue. By completing and submitting this application you affirm that you accept full responsibility to provide temporary housing, food and both physical and mental care to a rescued Newf. Please answer all of the questions as completely and truthfully as you can to determine the most suitable rescue Newf for your situation, read the liability release and sign the completed application.

**Transport only:** Complete Date and Personal information (in shaded area), read the liability release and sign.

Date of Application: \_\_\_\_\_

### Personal

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

Street Address: (No P.O. Boxes) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Best time to call: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Why do you want to become a Foster Home? \_\_\_\_\_

Have you or anyone in your family ever been convicted of an animal cruelty crime?  Yes  No

Is everyone in your family agreeable to fostering a Newf?  Yes  No

Do you have transportation and are you willing to transport a rescue dog for veterinary care?  Yes  No

Who will be primarily responsible for the dog's care and training? \_\_\_\_\_

How many people are in your household? \_\_\_\_\_ Number of children and their ages: \_\_\_\_\_

### Home

Do you live in:  City  Suburban  Rural Is yours a(n):  Single family home  Condo/Apartment

Do you  Own?  Rent? If Rent, is your landlord agreeable to you fostering a dog?  Yes  No

Are there any covenants/restrictions on pets where you live?  Yes  No If Yes, explain: \_\_\_\_\_

Does fencing completely enclose the yard for a dog?  Yes  No If Yes, what type of fencing and how tall is it? \_\_\_\_\_

If No, explain how and where you will exercise a dog and allow it to relieve itself: \_\_\_\_\_

### Lifestyle

Is someone normally at home during the day?  Yes  No

If No, how many hours will you be gone during a normal weekday? \_\_\_\_\_

Where will the dog spend the day?

Loose Indoors  Loose Outdoors  Basement  Garage  Kennel Run  Fenced Yard  Crate  Other

Do you travel frequently?  Yes  No If Yes, who will take care of the dog while you're away? \_\_\_\_\_

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

### Pet History

Do you currently own one or more dogs?  Yes  No If Yes, how many? \_\_\_\_\_ Please provide details below.

Dog's Gender?  M  F Spayed/Neutered?  Yes  No Breed \_\_\_\_\_ Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Dog's Gender?  M  F Spayed/Neutered?  Yes  No Breed \_\_\_\_\_ Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Dog's Gender?  M  F Spayed/Neutered?  Yes  No Breed \_\_\_\_\_ Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Do you currently own one or more cats?  Yes  No If Yes, how many? \_\_\_\_\_

Do you have any other pets?  Yes  No If Yes, details \_\_\_\_\_

Can you and would you provide remedial obedience training?  Yes  No

# Newfoundland Health and Rescue Inc. Foster & Transport Application



## Preferences

Do you have a preference regarding age or sex of a foster dog?  Yes  No If Yes, explain in detail:

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Are you willing to foster a dog with special medical needs?  Yes  No

Are you willing to foster an abused dog who needs extra love and attention?  Yes  No

Are you willing to foster a dog with behavioral problems that require special attention?  Yes  No

## References

Please provide three names as references, including your current veterinarian, or the name of the veterinarian you are planning to use. Please provide the name of your landlord if you rent your home. Other references may include a neighbor, a friend or relative who owns a Newf or another coated giant breed such as a Great Pyrenees or St. Bernard.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

## Additional Comments

Please explain any limitations to Fostering and/or Transport: \_\_\_\_\_

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## Foster

I am willing to accept the financial responsibilities (until reimbursed by NH&R) and other burdens and responsibilities associated with fostering a rescued Newfoundland. I also understand that a home inspection is absolutely mandatory before final approval to foster will be granted.

## Foster and Transport Liability Release

NH&R and others working for and/or associated with NCNC shall not be responsible for any damage or injury caused by a Newfoundland fostered and/or transported through NH&R. This includes, but is not limited to, dog bites to persons or animals, or property damage.

Printed name of Applicant: \_\_\_\_\_

Signature of Applicant:           x

# Newfoundland Health and Rescue Inc.

## Home Inspection Guidelines



It is presumed that this guide will be used after a prospective foster or adopting family has been approved by NH&R, Inc.. This form is only a guide to check the conditions at the prospective home for any potential problem areas that could cause harm to the dog or allow it to escape. Ideally, you are looking for a situation that you would feel comfortable leaving your own dog in! "Gut" feelings can often be very reliable indicators.

### 1. Initial observation of house (exterior) and neighborhood.

- a. Look for any other neighborhood animals that may interact.
- b. Check traffic conditions or geographical conditions that may be of concern.
- c. Is the prospective home well cared for?
- d. Are there fences, walls or gates to keep the dog away from the street / or contained in a yard?
- e. What kinds of latches are on the gates?
- f. Could the dog dislodge or open the gate by accident?
- g. Is the dwelling a single family home, or does it share a "common" area with other homes?

### 2. Initial observation of house (interior).

- a. Where will the dog be allowed in the house?
- b. What type of flooring (some Newfs can have trouble with slick surfaces such as linoleum, tile or hardwood)?
- c. Will the dog be allowed on the furniture/beds? Trouble areas?
- d. Can the dog be easily confined to part of the home?
- e. Are there "out of bounds" areas? (Baby gate solution).

### 3. Details about the home and family.

- a. Are there children in the home? Ages? How is their behavior (especially with the other pets in the home)?
- b. Are they able to be responsible with the dog?
- c. Are there other family members / roommates? Are they to be responsible for the dog?
- d. Are there other pets in the home? What is their condition? (Appearance, grooming, over/under weight, collars/tags, etc.)?
- e. Age / Gender of other pets? If these pets are dogs, are they dominant/aggressive?
- f. How are the other pets or children treated? Are they treated with respect? How are they disciplined?

### 4. Housing / Sleeping for the dog.

- a. Is there a special room / place where the dog will be kept during the day? Night?
- b. Where will the dog sleep?
- c. Are these areas free of poisons, chemicals and cleaning supplies?
- d. Will there be food stored in this area? Is it safe from the dog?
- e. Can the dog cause damage to important items by chewing or scratching?
- f. Are there shelves that could fall if the dog were to jump?
- g. Will the dog be crated at night or while the family is away?
- h. If not, why not? Explain the benefits of crate training if appropriate.
- i. Will the dog be left unattended in the yard? Loose or tied?
- j. Will barking be a problem with neighbors?
- k. Is there an "exercise" area accessible to the dog?

# Newfoundland Health and Rescue Inc.

## Home Inspection Guidelines



### 5. Exterior House / Yard Examination.

- a. Is there a pool or hot tub? Is it securely fenced? Is there a cover? Can it support the weight of the dog? Is the family willing to train the dog how to get out of the pool or hot tub "just in case"?
- b. Is there a run or kennel? Condition? Type of enclosure? Safe?
- c. Fences should be a minimum of 6' wood or chain link or horse fencing. Are fences / gates in good condition? (Grab the fence and shake it HARD! Look for loose boards, gaps, and type of construction. Watch for areas where digging could create a problem. Check behind bushes and in other "out of the way" places.
- d. Check gate latches carefully. Can the dog dislodge them?
- e. Are there gaps or holes where the dog could catch its head or collar?
- f. Look at plant material in the yard. Are there any poisonous/toxic (to dogs) plants? This is not a complete list but these are more commonly encountered:
  - i. Avocado (seeds)
  - ii. Azalea (Rhododendron)
  - iii. Bird-of-Paradise
  - iv. Buckeye (seeds)
  - v. Cyclamen
  - vi. Daffodil (bulbs)
  - vii. Eggplant
  - viii. Foxglove (Digitalis)
  - ix. Hydrangea
  - x. Larkspur (Delphinium)
  - xi. Laurel
  - xii. Lily of the Valley
  - xiii. Lupine
  - xiv. Mushrooms
  - xv. Narcissus
  - xvi. Oleander
  - xvii. Philodendron
  - xviii. Poinsettia
  - xix. Potato
  - xx. Tomato
- g. Are there any chemicals used for the garden? Can the dog be kept from these areas?

### 6. Transportation.

- a. What kind of vehicle(s)? How will the dog be contained? (Recommend crates/Vari-kennels).



Newfoundland Health and Rescue Inc.  
Foster Home Inspection



Date of home inspection: \_\_\_\_\_

Name of person being inspected: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of NH&R representative that requested this home inspection: \_\_\_\_\_

Does the prospective Foster family have a fenced in yard?  Yes  No

If yes, please describe: \_\_\_\_\_

If no, describe surroundings: \_\_\_\_\_

What other pets are in or outside of home? \_\_\_\_\_

Are they spayed/neutered?  Yes  No

How do all the family members feel about having a Newf to foster and take care of? \_\_\_\_\_

Is the home reasonably clean and free from clutter inside and out?  Yes  No

If not, please explain: \_\_\_\_\_

Does the potential Foster family understand their responsibilities in regards to Fostering a Newf?  Yes  No

Are they willing to submit frequent reports to NH&R as to the dog's progress?  Yes  No

Are they willing to provide love, attention and exercise this Newf for the duration of its stay?  Yes  No

Are they willing to train the Rescue Newf to basic commands and help instill manners?  Yes  No

Please describe the training this Foster home can provide: \_\_\_\_\_

Do you, the INSPECTOR, feel this Foster home is suitable for a Rescue Newfoundland?  Yes  No

Please explain why this would or wouldn't be a good Foster home for a Rescue Newfoundland.

Name of person doing inspection: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please mail completed form to:

NH&R c/o Nancy Bynes, 21321 Pine Needle Lane, Nevada City, CA 95959

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Newfoundland Health and Rescue Inc.  
Foster Agreement



I, \_\_\_\_\_ hereby volunteer to keep one Newfoundland (male / female) named \_\_\_\_\_, call name \_\_\_\_\_ as described in the attached Transfer Agreement. I agree to keep this dog until permanent or other arrangements are made for its care by the Rescue Committee of the Newfoundland Health and Rescue, Inc. and agree to release this dog to the Rescue Chair or his or her representative upon request.

I agree to abide by the guidelines, policies and procedures of the NHR and the direction of the Rescue Committee.

I understand that no reimbursement will be made to me for the physical act of boarding this dog. However, NHR will reimburse me for routine initial veterinary costs, specifically, a physical check-up to determine the general health of the dog, and booster shots/heartworm testing, if needed. If the attending veterinarian determines that the dog needs further veterinary care beyond the initial examination, all procedures/treatments must be discussed with and approved by the Rescue Committee in advance. All requests for reimbursement of approved expenses must be made in a timely manner and accompanied by written receipts.

I am aware there is no guarantee, warranty or full knowledge of this dog's health and temperament. I volunteer to accept it in my charge as a humanitarian act and agree to release and hold harmless the Newfoundland Health and Rescue, Inc, the Newfoundland Club of Northern California, Inc., their officers, directors and members, from any and all liability or responsibility in connection with this dog.

I have read the foregoing and execute this agreement with the full understanding of its contents.

Signed: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Newfoundland Health and Rescue Inc.  
Travel Letter



*This letter should accompany every rescue that is part of a transport requiring several 'legs'.*

Hello,

My name is \_\_\_\_\_ and I'll be \_\_\_\_\_ old on \_\_\_\_\_

I want to thank you for helping me get to my new "Forever" mom and dad,  
\_\_\_\_\_. They've been waiting a long time for me and I'm anxious to  
get to them. It's a long way from point "A" to point "B" and I'm just a little guy.

If you could give me a couple of minutes between rides, to stretch my legs and relieve myself, I would be most grateful. You also need to know that I'll get car sick if it's too hot in your vehicle. If you could open the back passenger seat windows a little bit, so I have plenty of fresh air, it will help a lot.

My NH&R representative has provided a travel bag for me that include: water, kibble, cookies, my bowls, paper towels to help clean any messes that I might make, bags to use for when I relieve myself, and my favorite towel and "unstuffed" toy.

Please make sure that I get a little bit of water, and maybe a handful of kibble, between stops.

I'm also a little scared.

This is the first time I've been separated from my \_\_\_\_\_. We've done everything together up to this point but now I must make this journey on my own. If you're up to it I could sure use some comforting words, along with some hugs and kisses. It will go a long way in reassuring me that I'm safe and secure.

Thank you again for helping me get to my new "Forever" home.

XOXOX

Newfoundland Health and Rescue Inc.  
Transport of Rescue Newf



Date: \_\_\_\_\_ Name of Dog: \_\_\_\_\_  
Age of Dog: \_\_\_\_\_ Description of Dog: \_\_\_\_\_  
Final Destination: \_\_\_\_\_

**Leg 1**

Depart: Time: \_\_\_\_\_  
Arrive: Time: \_\_\_\_\_  
Driver: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Leg 2**

Depart: Time: \_\_\_\_\_  
Arrive: Time: \_\_\_\_\_  
Driver: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Leg 3**

Depart: Time: \_\_\_\_\_  
Arrive: Time: \_\_\_\_\_  
Driver: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Leg 4**

Depart: Time: \_\_\_\_\_  
Arrive: Time: \_\_\_\_\_  
Driver: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Leg 5**

Depart: Time: \_\_\_\_\_  
Arrive: Time: \_\_\_\_\_  
Driver: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Leg 6**

Depart: Time: \_\_\_\_\_  
Arrive: Time: \_\_\_\_\_  
Driver: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

# Newfoundland Health and Rescue Inc.

## Adoption Application



Thank you for your interest in adopting a Newfoundland through Newfoundland Health and Rescue Inc. In order that we may be assured that the Newfie you are applying to adopt will be best suited to your home and lifestyle, and be placed in an environment that is compatible with it's needs, please answer the following questions (in ink). If you need more space, please use a separate sheet.

**There is a non-refundable application fee of \$20.**

Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Which rescue representative did you talk to? \_\_\_\_\_

What are you looking for in your new pet? (age preference, gender, etc.) \_\_\_\_\_

What prompted you to choose this breed? \_\_\_\_\_

Please describe any other pets in your home:

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Neutered/Spayed: Yes  No

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Neutered/Spayed: Yes  No

Have you ever obedience trained a dog? Yes  No  How about a Newf? Yes  No

Please describe your house and property: \_\_\_\_\_

Describe your fencing: Height: \_\_\_\_\_ Type: \_\_\_\_\_

If you don't have a fenced yard, how do you plan to contain the dog when you're not at home? \_\_\_\_\_

Do you own your home?  Rent?  Landlord's name and phone#: \_\_\_\_\_

Please describe your family: Adults# \_\_\_\_\_ Ages of children (if any): \_\_\_\_\_

Who will be responsible for the dogs primary care? \_\_\_\_\_

If you go away for a few days? \_\_\_\_\_

This Newf will be alone # \_\_\_\_\_ hours a day, # \_\_\_\_\_ days per week.

During the day, the Newf will be in the house  yard  garage  other: \_\_\_\_\_

During the night, the Newf will be in the house  yard  garage  other: \_\_\_\_\_

Feeding, licensing, grooming and veterinary care for a Newf will run will over \$1000 a year. Are you prepared to allot this much of your household budget for the care of a dog? Yes  No

Do you realize how much Newfs shed? Yes  No  How much they drool? Yes  No  How big they can get? Yes  No

For most dogs it will be mandatory to enroll in an obedience class. Are you prepared to make this commitment? Yes  No

Although certainly not mandatory, would you consider joining a local breed club or obedience club to further your relationship with your new dog? Yes  No

Do you understand that NHR will take the dog away from you if it is determined that you are not providing an adequate home for the dog? Yes  No

**By signing below, I certify that the information I have given is true and complete and that any misrepresentation of facts may result in my losing my opportunity to adopt a Newf through Newfoundland Health and Rescue Inc.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Newfoundland Health & Rescue, Inc. is funded solely by donations. All money donated is tax deductible.  
Please consider supporting Newfoundland Rescue by sending a donation.

**Please mail your completed application and fee of \$20 to: (emailed applications WILL NOT be accepted)**

NH&R c/o Beth Mirsky, 12402 Incline Drive, Auburn, CA 95603

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Newfoundland Health and Rescue Inc.  
Adoption Home Inspection



Date of home inspection: \_\_\_\_\_

Name of person being inspected: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Dwelling:**

**Setting (check all that apply):**

- |                    |                          |         |                          |                               |                          |            |                          |
|--------------------|--------------------------|---------|--------------------------|-------------------------------|--------------------------|------------|--------------------------|
| Single Family Home | <input type="checkbox"/> | Duplex  | <input type="checkbox"/> | Rural                         | <input type="checkbox"/> | Semi-Rural | <input type="checkbox"/> |
| Townhouse          | <input type="checkbox"/> | Condo   | <input type="checkbox"/> | Suburban                      | <input type="checkbox"/> | Urban      | <input type="checkbox"/> |
| Apartment          | <input type="checkbox"/> | Trailer | <input type="checkbox"/> | Highway/Roadway Frontage      | <input type="checkbox"/> | Waterfront | <input type="checkbox"/> |
| Multi-Family Home  | <input type="checkbox"/> |         |                          | Property Bordering Park/Field | <input type="checkbox"/> | Wooded     | <input type="checkbox"/> |

Square Footage: \_\_\_\_\_

Notes (explain): \_\_\_\_\_

**Condition of Home (check all that apply):**

- |                    |                          |                                    |                          |
|--------------------|--------------------------|------------------------------------|--------------------------|
| Immaculate         | <input type="checkbox"/> | Interior Untidy                    | <input type="checkbox"/> |
| Well-Kept          | <input type="checkbox"/> | Exterior Unkempt/Poorly Maintained | <input type="checkbox"/> |
| Lived-In But Clean | <input type="checkbox"/> | Interior Trashed/Dirty             | <input type="checkbox"/> |
| Exterior Untidy    | <input type="checkbox"/> | Other (explain):                   | <input type="checkbox"/> |

Describe the home interior including type of furnishings: \_\_\_\_\_

Flooring surfaces (important for older or disabled dogs): \_\_\_\_\_

Describe accommodations the home has for a dog and where the dog will be left when the family is not at home. For example; left in a crate in the kitchen/laundry room; baby gate across hall; pen in basement; outdoor run (include description of run {chain link, dirt run with chicken wire, etc.}):

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

Newfoundland Health and Rescue Inc.  
Adoption Home Inspection



**Other Pets** – describe the number, age and gender of other pets in home. Give complete description of the apparent health and well-being. Things to note would be overall condition (skin, coat, over /under weight, type of collar, etc.)

Name / Species: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children** – Give ages of children, if any, and pay special attention to the behavior of the children, the parents' responses and method of discipline, and the children's interaction with the other pets. Note whether parents always supervise young children with other pets and if the parents seem to expect the child/children to be "responsible" for the care of the pets. Do the parents show and treat the children with respect?

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

**Areas the Dog has Access to Free of Poisons or Chemicals:**

|                    |                          |                        |                          |
|--------------------|--------------------------|------------------------|--------------------------|
| Yard/Garden        | <input type="checkbox"/> | Automotive             | <input type="checkbox"/> |
| Household/Cleaning | <input type="checkbox"/> | Toxic/Poisonous Plants | <input type="checkbox"/> |
| Paint/Lubricants   | <input type="checkbox"/> |                        |                          |

**Fences/Gates** – describe the fencing, if any, and conditions/security of the fence and gates:

\_\_\_\_\_

|                              |  |  |  |
|------------------------------|--|--|--|
| Sturdy? (Shake to make sure) | <input type="checkbox"/>                                 | Can Dog or Children Open Gate Latches? | <input type="checkbox"/>                                 |
| 6' Recommended Height?       | <input type="checkbox"/>                                 | Any Gaps, Holes, Loose Boards?         | <input type="checkbox"/>                                 |
| Can the Gate be Locked?      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the Gate Locked?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Pool/HotTub/Spa:**

|                               |  |
|-------------------------------|--|
| Securely Fenced               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sturdy Cover will Support dog | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dog Cannot Slip Under Cover   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Transportation:**

|                                      |  |
|--------------------------------------|--|
| Crate                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Open, is it Cross Tied            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dog Barrier in SUV/<br>Station Wagon | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Please use additional sheet to add any information you feel is relevant*

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

# Newfoundland Health and Rescue Inc.

## Adoption Contract



**Dog's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Description:** \_\_\_\_\_ **Microchip #:** \_\_\_\_\_

1. In assuming responsibility for the above Newfoundland, I agree to never physically abuse, neglect or otherwise harm this dog. I will never allow this dog to run loose or be transported in an unsafe manner in the open bed of a pick-up truck. I agree to provide a safe, loving home, nutritional food, grooming upkeep and routine veterinary care as directed by Newfoundland Health & Rescue Inc. for this specific dog. In addition I agree to provide.
2. In the event that I am unable to keep this dog for any reason, I agree to notify Newfoundland Health & Rescue Inc. or the Newfoundland Club of America immediately. I further understand and agree that Newfoundland Health and Rescue Inc. retain all rights and decisions regarding placement of this dog and I will cooperate fully with their efforts.
3. Even though the dog I am adopting may be fully obedience trained, I agree to enroll and participate in an Obedience course to more rapidly establish respect and rapport with this dog.
4. Newfoundland Health and Rescue Inc. strive to place Newfoundlands that are healthy and have temperaments typical of the breed. Each Newfoundland received by the committee is seen by a veterinarian before placement. However, the committee does not guarantee the health or temperament of any Newfoundland that is placed. Costs for medical care and annual check-ups are the sole responsibility of the adopting person(s) after placement. In addition, each Newfoundland placed must be provided preventative medications, vaccines, parasite control and any other medical care necessary to keep the dog in good health.
5. It is agreed that Newfoundland Health & Rescue Inc., The Newfoundland Club of Northern California, The Newfoundland Club of America, Inc. and others working for and associated with these organizations shall not be responsible for any damage or injury caused by a Newfoundland placed through Newfoundland Health and Rescue Inc. This includes, but is not limited to, dog bites to persons or animals, or property damage.
6. I agree to notify Newfoundland Health & Rescue Inc. if I move. I further understand and agree that my new residence must also pass a home inspection. In the event that I move outside the boundaries of the Newfoundland Club of Northern California, Newfoundland Health & Rescue Inc. reserves the right to employ a Newfoundland Club of America member to perform the inspection.
7. The Newfoundland Club of Northern California holds 5 general meetings per year. It also holds 2 water tests, 2 draft tests, dozens of training workshops and several public appearances that draw attendance from the membership. I agree to bring my adopted Newf to any one of these events at least once a year. In the event that such attendance would prove too much of a hardship on me or my family, I will make arrangements with Newfoundland Health & Rescue Inc. to visit my home on an annual basis.

The undersigned has read, understands, and agrees to the conditions set forth and hereby further agrees that if the terms and conditions of the Agreement are not upheld by the undersigned and/or if any misrepresentations have been made to Newfoundland Health & Rescue Inc., NH&R reserves the right to terminate this Agreement and the dog must be returned to NH&R. Should it become necessary for Newfoundland Health and Rescue Inc. to take legal action to recover the Newfoundland or otherwise enforce the provisions of this Agreement, the undersigned agrees to pay all court costs and reasonable attorney's fees.

Date: \_\_\_\_\_ Adoption Fee \$ \_\_\_\_\_

*(Note: ALL adults in household must sign)*

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Rescue Representative: \_\_\_\_\_ NHR Contact #: \_\_\_\_\_



# Newfoundland Health and Rescue Inc. Adoption Checklist



- Inform new owner of dog's habits, fears, tricks, etc.
- Basic grooming ears, feet, brushing, etc.
- Show how to clean the ears
- Show how to clip toenails
- Advise on obedience courses

## **Submit to new owner:**

- Vaccination record
- Food for 3 days
- Medications
- Dog bed (blanket) if available
- Supply catalog(s)
- Brush, Lead & Collar

## **Supply list - NH&R suggests the following equipment and supplies for your Newf:**

- \* A crate large enough for an adult Newf. 500 Pet Porter or size X-large
- \* 2-qt. stainless steel food bowl (plastic will harbor germs)
- \* 40 lb. bag of dog food
- \* Stainless steel water bucket (plastic will harbor germs)
- \* Rug or blanket for bed in Newf's crate
- \* "OdoBan" or "Nature's Miracle" enzyme odor removal (for accidents)
- \* Slicker brush, nail clippers, med/coarse comb, pin brush, mat rake "Quik Stop" or similar product to control bleeding if nails are cut too short.
- \* 6-foot leather lead, training collar and buckle collar
- \* Chew toys appropriate size for your Newf. Give this to him when you find him chewing on something he shouldn't.
- \* A good ear cleaner and cotton balls for cleaning ears
- \* Box of dog bones for treats

Newfoundland Health and Rescue Inc.  
Placement Summary



Date: \_\_\_\_\_

Name of Newf: \_\_\_\_\_ Approximate age of Newf: \_\_\_\_\_

Description of Newf: \_\_\_\_\_

Area Newf was rescued from: \_\_\_\_\_

What NH&R did before placing Newf in his/her new home (spay/neuter/blood tests/vet etc.):

Person that fostered this Newf: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Fostered for how long: \_\_\_\_\_

Other comments: \_\_\_\_\_

The Newf was adopted by: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Would this person be interested in adopting another rescue Newf later on?  Yes  No

Would this person be interested in fostering a rescue Newf?  Yes  No

Would this person be interested in the transport of a rescue Newf ?  Yes  No

Home inspection was done by: \_\_\_\_\_

Date inspected: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please mail completed form to:

NH&R c/o Beth Mirsky 12042 Incline Drive, Auburn, CA 95603

rev. 3/08