

THE NATIONAL BORZOI RESCUE FOUNDATION

*if not you, then who?
if not now, then when?*

Name: _____
Address: _____
Phone (home): _____ (work): _____
Email Address: _____

Occupation: _____
Employer: _____
How long?: _____ Employer's Phone: _____

If Applicant is not head of household, who is? _____
Occupation: _____
Employer: _____
How long?: _____ Employer's Phone: _____

TYPE OF RESIDENCE:

House _____ Apartment _____ Mobile Home _____ Condominium _____ Other _____

If "Other", please explain: _____

Do you rent: _____ or own: _____

If you rent, do you have your landlord's permissions to keep a Borzoi? YES _____ NO _____

How long at this address? _____

OTHER PEOPLE LIVING AT THIS ADDRESS (children, relatives, roommates, significant others, spouse, etc)

Please list ages *if* under 21 years.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL CURRENT PETS: (dogs, cats, birds, reptiles, etc)

SPECIES	NAME	AGE	SPAYED/NEUTERED (Y/N)	SEX
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where are these pets kept? _____

Where would you keep a Borzoi? _____

What type of exercise would the Borzoi get? _____

DOES ANYONE IN YOUR HOME HAVE ALLERGIES? YES _____ NO _____

If "yes", please explain: _____

DESCRIBE YOUR YARD

Approximate Size: _____

Fence type and height: _____

How much time would the Borzoi spend outside? _____

Have you ever owned a Borzoi before? YES _____ NO _____

Or other large dog? YES _____ NO _____ What type? _____

What happened to them? _____

Have you ever surrendered a dog to a shelter or taken one back to a breeder? YES _____ NO _____

If "yes", please explain: _____

Would you consider... (rate from 1 to 10, with 10 being the most desirable)

Male _____ Female _____ Puppy (under 6 months) _____ Puppy (6-12 months) _____

Over 5 years of age _____ From a shelter _____ With medical needs _____ Untrained _____

Borzoi mix _____ Other (Please explain if we have missed something): _____

REFERENCES: (please include name, address, phone number and email (if applicable))

Veterinarian: _____

Personal References: _____

Who in your home wants a Borzoi? _____

Who will be the primary caretaker? _____

Would you consider foster care for a trial period? YES _____ NO _____

Do you understand that NBRF expects reimbursement of expenses which include spay or neuter, vaccinations, heartworm checks, and other medical care in the amount of \$300 per Borzoi? YES _____ NO _____

Will you keep the NBRF informed of any moves, illnesses, escapes, or death of any Borzoi entrusted to your care? YES _____ NO _____

My signature below means all information listed on this questionnaire is correct as I know it now.

(Signature)

(Date)

Please return this form to your local rescue contact or mail to:

Carol Backers, Director, NBRF
7765 Kellogg Rd. NW
Alden, MI 49612

Toll-free: 1.888.264.8898

Home: 1.231.331.4434

Email: cbackers@torchlake.com