



Glacier Newfoundland Club – Rescue Foster Dog Evaluations

Date: _____

Name and address of Fostering family: _____

Dog's name: _____ Sex: ___ Spayed / neutered: ___ Age: ___

Description of Dog: color _____ markings _____ weight _____

What brand of dog food does the dog eat? _____

How many times a day _____ What time(s) is the dog fed? _____

How much do you feed? _____

Where does the dog sleep? _____ Live during the day? _____

Does the dog Y/N	Is the dog Y/N
Like to ride in cars?	Afraid of storms?
Like to swim?	Used to children?
Jump fences?	Good with children of all ages?
Dig?	Good with cats?
Let you take toys away?	Good with other dogs?
Chase cars?	Used to being groomed?
Urinate when scared?	Used to being walked?
Come when called?	Crate trained?
Growl at strangers?	Obedience trained?

What commands does the dog know? _____

Is the dog housebroken? _____ Has the dog bitten anyone? _____

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 with new owners:

Please mail completed form to: