



Southeastern Newfoundland Club – Rescue

Summary of Placement of Rescue Newf

Date: _____

Name of Newf: _____ Approximate age of Newf: _____

Description of Newf: _____

Area Newf was rescued from: _____

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

Person that fostered this Newf: _____ SENC member? Yes No

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:

Name: _____ SENC member? Yes No

Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail: _____

Please mail completed form to: