



How did you hear about Off The Streetz Bully Rescue?

Full Name

First Name

Last Name

Age

E-mail *

example@example.com

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number - Home

Phone Number - Cellular

Phone Number - Work

Do you live in a: home, condo, apartment?

Do you:

Own

Rent

Live with Parents

Other

If Renting: Please indicate landlord contact information

Household Setting

Urban

Suburban

Describe your Homes Activity Level

Busy/Noisy

Moderate Comings/Goings

Quiet with Occasional Guests

Please List all People Living in the Household (Include Name, Relationship, Gender and Age) *

Does Anyone in your Household have Allergies to Animals?

Yes

No

Are all members of your Family agreeable to Fostering a Dog?

Yes

No

Please List any Pets you have Living or Deceased (Please include Name, Breed, Age, Altered, Sex, UTD Vaccines, Heartworm, Living/Deceased) *

Do you have a preference in sex of foster?

Male

Female

No Preference

Are you willing to foster a dog of any age?

Yes No

If not, what age would you consider?

What size dog are you willing to foster? (Check all that apply)

Small Medium Large

Please describe the type of dog you are willing to foster (Please include breed, coat length, personality traits, energy level, hypoallergenic) We always want to make sure we have the best fit for our foster homes.

Are you able to keep the dog you agree to foster in your care until a permanent home is found regardless of the amount of time it might take?

If not, please explain.

Are you willing to take your foster dog to vet appointments at a convenient time for you?

Yes

No

Do you drive or have access to a vehicle to bring your foster to events and appointments?

Yes

No

If No please explain

Are you willing and able to medicate your foster, even if it just a monthly heartworm preventative?

Yes No

We cannot guarantee a dog to be housebroken, are you equipped to train with love and patience?

Yes No

Have you had any experience with with an emotionally or physically neglected or abused dog?

Yes

No

If Yes please explain

Are you willing to use a crate for a dog if recommended?

Yes No

Do you have a fenced yard?

Yes

No

Partial

If fenced, please give details on height, material, # of gates, are gates locked or lockable?

How many hours in a day would the foster be left alone?

What are your plans to exercise your foster? Please list any parks near by or trails, how many walks a day, approximate length, and activities such as agility.

Vet Reference: Full Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Reference #1: Full Name *

First Name

Last Name

Relation to applicant(s):

Address

Street Address

Street Address Line 2

City State / Province

Reference #2: Full Name *

PhoneNumber

First Name Last Name

Relation to applicant(s):

Email Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Reference #3: Full Name

Relation to applicant(s):

E-mail:

Street Address Street

Address Line 2

City State / Province

Postal / Zip Code

Phone Number

By returning this application, I acknowledge that I have completely read this questionnaire and comprehend it fully. I understand that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application can result in the forfeiture of any OFF THE STREETZ BULLY RESCUE animal fostered by me. I certify that the above information is correct, and I understand that the information will be verified. I understand that by returning this application, I agree to release and covenant to hold harmless OFF THE STREETZ BULLY RESCUE and its members from any claims, damages, costs, or actions incurred because of the care or actions of the foster dog. I accept full responsibility for the dog(s) actions at all times and release OFF THE STREETZ BULLY RESCUE from any liabilities or damages that may be incurred because of fostering such dog(s). I agree to have OFF THE STREETZ BULLY RESCUE complete reference call checks and conduct a home visit inspection to be able to approve my foster application.

**I agree that if I'm unable to foster the dog(s) anymore that I will return the dog(s) to OFF THE STREETZ BULLY RESCUE and try to give OFF THE STREETZ BULLY RESCUE a 2 week period to try and find another suitable foster for the dog(s).

Date



Month Day Year

Your name *

E-mail