|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\Ann\Documents\BEST BULLIES LOGO FILES\final files\Best Bullies.jpg    **FOSTER APPLICATION** | | | | | | | | | |  | | | | |
| Foster dog name(if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | | |
| Name | | | | | | | | | | | Phone (H) | | | |
| Address | | | | | | | | | | |  | | | |
| City State \_\_\_ Zip | | | | | | | | | | | Phone (C) | | | |
| Email address: | | | | | | | | | | |  | | | |
| 3. Do you live in a: | | | | House □ | | | | Apartment □ | | | | | |  |
| 4. Do you: Own □ | | | Rent □ | | | Owner / Landlord / Mgmt Co’s **NAME** | | | | | | | | |
|  | | | |  | | Owner / Landlord / Mgmt Co’s **PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| *7.* ***Please list all of the pets that that you have now:*** | | | | | | | | | | | | | | |
| **Dog / Cat** | **Name** | **Sex** | | | **Age** | | **Spayed/Neuter** | | **Breed Kept Inside or Outside?** | | | |
|  |  |  | | | \_\_\_\_ | |  | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  | | |  | |  | | \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  | | |  | |  | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Who is your veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #** ( ) | | | | | | | | | | | | | | |
| If you have a cat, is she/he declawed? **Yes** □ **No** □ | | | | | | | | | | | | | | |
| How many people live in your household? *Adults* \_\_\_\_\_ *Children* \_\_\_\_\_ *Ages* | | | | | | | | | | | | | | |
| What is their relationship to you? | | | | | | | | | | | | | | |
| Does anyone in your household have allergies? \_\_\_\_\_ If so, what type? | | | | | | | | | | | | | | |
| Do you work? \_\_\_\_ What hours \_\_\_\_\_\_\_\_\_\_ Spouse’s hours | | | | | | | | | | | | | | |
| Please provide the name and phone number of a personal reference:  \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Would you be willing to foster this animal as early as within five days? **Yes** □ **No** □ | | | | | | | | | | | | | | |

Do you have a fenced yard? \_\_\_\_\_\_\_ How high? \_\_\_\_\_ Do you have a balcony? Yes □ No □ N/A □

This dog may not be completely house-trained. Are you willing work with the dog? Yes □ No □

Will you be willing to crate-train this dog? (crate can be provided by Best Bullies) Yes □ No □

**I hereby affirm that I have given true and accurate information on this application.**

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

www.bestbullies.org