



FOSTER / ADOPT APPLICATION

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

CITY: _____

WORK PHONE: _____

STATE: _____ EMAIL: _____

ZIP CODE: _____

ARE YOU LOOKING TO FOSTER OR ADOPT? _____

WHAT IS THE NAME OR DESCRIPTION OF THE DOG YOU WOULD LIKE TO FOSTER OR ADOPT? _____

AT WHAT SHELTER IS THE DOG LOCATED? _____

WHY DO YOU WANT TO FOSTER / ADOPT? _____

ARE THERE CHILDREN IN THE HOME? YES NO

WHAT ARE THEIR AGES?

WHAT ARE THE AGE RANGES AND # OF ADULTS IN THE HOME?

20 TO 30___ 30 TO 40___ 40 TO 50___ 50 TO 60___ 60+___ Total# OF ADULTS_____

DO YOU OWN YOUR OWN HOME OR RENT?

IF YOU RENT, YOU MUST SUPPLY A WRITTEN LETTER SIGNED BY YOUR LANDLORD.

LANDLORD'S NAME: _____

TELEPHONE #: _____

IF YOU OWN YOUR HOME, PLEASE PROVIDE PROOF (water bill, mortgage stmt, property tax bill).

HOW LONG HAVE YOU BEEN RENTING / LIVING AT THE ABOVE ADDRESS? _____

LIST ALL OF THE PETS YOU'VE OWNED IN THE LAST 5 YEARS _____

WHERE ARE THEY NOW? _____

DO YOU HAVE OTHER PETS AT HOME NOW? YES / NO

OF DOGS___ # OF CATS___ OTHER_____

IF YOU CURRENTLY OWN A DOG(S),

WHAT BREED? _____

SEX? _____

AGE? _____

IS IT / ARE THEY LICENSED? YES / NO

CURRENTLY VACCINATED? YES / NO

SPAYED / NEUTERED? YES / NO

HOW MUCH COMPANY WILL THE DOG HAVE DURING THE DAY? _____

ARE YOU WILLING TO WORK WITH DOGS WITH ISSUES? YES / NO

WHAT KIND OF ISSUES / REHABILITATION ARE YOU WILLING TO WORK WITH? _____

DO YOU HAVE ANY EXPERIENCE DEALING WITH THESE ISSUES? YES / NO

WHAT ACTIVITY LEVEL ARE YOU INTERESTED IN?

VERY ACTIVE ____

MODERATELY ACTIVE ____

NOT VERY ACTIVE ____

DO YOU CONSENT TO A HOME VISIT? YES / NO

ARE YOU INTERESTED IN FOSTERING A SPECIAL NEEDS DOG? YES / NO

WOULD YOU MIND MEETING WITH PROSPECTIVE ADOPTERS? YES / NO

WOULD YOU MIND TRANSPORTING TO VET APPOINTMENTS? YES / NO

WHERE WILL THIS DOG BE KEPT WHEN SOMEONE IS HOME? _____

WHERE WILL THIS DOG BE KEPT WHEN NO ONE IS HOME? _____

HAVE YOU EVER USED A CRATE FOR A DOG? YES / NO

DO YOU PLAN ON USING A CRATE WITH THIS DOG? YES / NO

IF YES, WHEN WILL THIS DOG BE IN A CRATE, FOR HOW LONG AND WHY? _____

VET REFERENCES: (Please contact your vet and give them permission to speak with the Full Bulls NE about your current/past pet's records)

CURRENT VETERINARIAN:

NAME: _____

CITY/STATE: _____

TELEPHONE #: _____

NAME ON ACCOUNT: _____

PET(S) NAME: _____

PAST VETERINARIAN:

NAME: _____

CITY/STATE: _____

TELEPHONE #: _____

NAME ON ACCOUNT: _____

NAME OF PET(S) TREATED: _____

PERSONAL REFERENCES:

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE #: _____

Email: _____

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE #: _____

Email: _____

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE #: _____

Email: _____

SIGNATURE OF FOSTER CARE PROVIDER / DATE

*POSITIVE IDENTIFICATION REQUIRED