

North Texas Bully Rescue Foster Application and Agreement

Please fill out the foster application completely, if a block does not apply to you please insert N/A in that spot. The Foster coordinator will process your application and get in touch with you within 3 business days. Thank you for considering North Texas Bully Rescue to help make a difference in your community!

Household Information

Name: _____ DOB: _____ DL#: _____ St: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Do you live in: [] Apartment [] Town home [] Mobile home [] House
[] Other _____

Do you rent? (Y / N) If yes, please provide the following information:

Landlord/ Rental Company: _____ Phone: _____

How long have you lived at this residence? Years _____ Months _____

If renting: Does your landlord or complex allow pets? (Y / N)

Is there a weight limit? (Y / N) If yes: How much? _____ Pounds

Is a pet deposit required? (Y / N) Is there a breed restriction? (Y / N)

If yes: Can proof of deposit be obtained from your landlord? (Y / N)

If no, why not? _____

Do you plan to move in the next 12 months? (Y / N)

Do you have a fenced yard? (Y / N) Height ___ft Type of Fence: [] Wood [] Chain Link [] Other _____

Employment Information

Employer: _____ City: _____ Work Phone # _____

Spouse's Name _____ Employer _____ Work Phone # _____

Questionnaire

This section is designed to help us choose a pet that will fit best in your household.

Have you ever been convicted or accused of Animal Cruelty/ Neglect? If so, please explain: _____

Are you willing to foster: (check all that apply)

[] Nursing Female & Puppies [] Young Puppies [] Adolescent dogs (6-18 months) [] Adult dogs
[] Older Dogs [] Medical Needs [] Emergency (under 24 hour notice)

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Do you prefer male or female dogs? []Male []Female []Don't Care

Do you have experience with Bully Breeds? (Y / N) Can you physically handle a strong dog? (Y / N)

Do you have experience with house training and crate training? (Y / N)

Have you had experience with shelter pets and what behavioral issues they may have? (Y / N)

Do you have experience administering medicine? (Y / N)

Have you ever fostered an animal from a humane group or shelter? (Y / N)

If yes, from whom? _____

When? _____

What made you want to Foster a pet?

How many people live in your house over the age of 18? _____ Under 18? _____

Please list all members and ages:

Do all adults in the household consent to fostering this dog? (Y / N) (Init)_____ (Init)_____

Are you or your spouse a student? (Y / N) Full time / Part time

Do you travel frequently? (Y / N) If yes, who will care for your pet(s)?

Does anyone living in your household have allergies to dogs? (Y / N)

Does anyone living in your household have asthma? (Y / N)

Have you ever given an animal up for adoption/ rehomed/ turned over to animal welfare? (Y / N)

If yes, why? _____

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Are all pets in your household current on the following:

Vaccinations? (Y / N) Rabies Vaccination? (Y / N) Heartworm preventative? (Y / N)

Have any pets in your home, now or in the past, been diagnosed with an infectious disease? (Y / N)

Which diseases? (Fel Leuk/ FIP/ FIV/ Heartworms/ Distemper/ Parvo/ Coccidia/ Mange)

If yes, was the disease treated, and how long ago?

Would you use a tie out/chain to keep the animal in the yard? (Y / N)

Would the dog ride in the back of a truck? (Y / N) Is there a camper top on the truck? (Y / N)

The pet I am fostering will be kept: [] Totally Inside [] Mostly Inside [] Mostly Outside [] Totally Outside.

While I am at work, the pet will be kept? _____

While working, I am gone _____ hours a day and my spouse is gone _____ hours a day.

Do you come home for lunch? (Y / N) Where will the pet will sleep? _____

Please list all cats and dogs you have owned and currently own:

NAME	AGE	TYPE OF PET	SPAYED/NEUTERED	WHERE IS THE ANIMAL NOW?

Please explain here if any of your current animals are not spayed or neutered:

Do your current animals get along with other animals: (Y / N) if no, please explain how this will be handled:

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How does your current dog get exercise?

Daily Walks Backyard play Dog Park Other: _____

Number of pets **NOT CURRENTLY OWNED**, but owned within the last 5 years:

Dogs _____ Cats _____ Other Species _____

What happened to these pets and why do you not have them anymore?

References

NAME	PHONE NUMBER	NUMBER OF YEARS KNOW	RELATIONSHIP (NOT RELATED PLEASE)
1.			
2.			
3.			

Please list your current Veterinarian:

Name: _____ How long have you used them? ____ Phone: _____

If less than 1 year please provide previous Veterinarian information:

Name: _____ How long have you used them? ____ Phone: _____

Comments

If there is something that we did not cover, or you would like to explain further please put all comments/concerns in this section:

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Disclaimer (Please initial each statement)

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. If an omission or untruth is discovered after an animal is placed in your care, I understand that NTBR reserves the right to annul the foster and reclaim the animal. I give North Texas Bully Rescue/ Bully Breed Humane Society permission to fully investigate the information provided and contact all references listed on this application. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a NTBR/ BBHS volunteer before a decision is made. _____

I am not exceeding the animal limit of my city/ county by fostering this animal. _____

I agree to provide regular care and nourishment for as long my foster is in my care. I understand that if NTBR/BBHS feels that the needs of the animal are not being met, the animal will be reclaimed and the local authorities will be contacted if abuse is suspected. _____

I understand that dogs coming from bad situations and shelters can have behavioral issues, and I am fully aware that I am responsible for the dog in my care. I agree to keep my foster animal(s) on leash and under my control at all times. I understand that if I take my foster(s) to an off-leash area, including dog parks, I am responsible for their behavior at all times. Bully Breed Humane Society or North Texas Bully Rescue will not be held liable for any actions by myself or my foster dog(s) while in my care. _____

I agree to foster the dog(s) in my care until that animal is removed from my care or is approved for an adoptive family. In many cases the fosters are the last hope for an animal, and NTBR/BBHS does not have a facility to hand the animal over to. I understand that fostering an animal is a full time commitment and is one that I do not take lightly. _____

If my foster dog is injured while in my care due to my own or those in my household being negligent, I am responsible for all vet bills and/or fees pertaining to that incident. _____

I will give 7 days notice in writing to BBHS/ NTBR Foster Coordinator before terminating my foster agreement with NTBR/ BBHS if a dog is in my custody. I understand that it is necessary to find another foster home for any animal that I am currently fostering if I can no longer foster them in my home, and I will not relinquish them to any other entity or animal organization other than BBHS/ NTBR. I further understand that I am responsible for any fees that are incurred to regain custody of any animal(s) that I have fostered or am currently fostering should I relinquish custody to any other organization including, but not limited to, Humane Societies, City Shelters, Boarding Facilities, or any private entities that may incur a fee to obtain custody of an animal. _____

I understand that BBHS/ NTBR does everything in their power to keep the animals in their care as healthy as possible. There are no guarantees that the animal(s) I am fostering is healthy or free of disease, parasites, or injuries. I understand that I must keep the animal(s) quarantined for 7 days to assess any health issues that the animal(s) may or may not have. I further understand I am responsible for any vet bills for any incidents that occur to any animals not

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under BBHS/ NTBR due to my negligence or failure to quarantine or contain any foster
animals that I am responsible for. _____

All animals in my care that do not fall under BBHS/ NTBR authority are current on any
required vaccinations according to local city/ municipal law governing said animals. _____

I understand that all adoption fees go to NTBR/ BBHS and I will obtain reimbursement for prior
agreed upon expenses from NTBR/ BBHS. If I decide to adopt the dog that I am fostering I
understand that I am responsible for the medical bills or the adoption fee at the discretion of
NTBR/ BBHS Adoption Coordinator and Director. _____

_____	_____	_____
Full Name	Signature	Date
_____	_____	_____
Full Name	Signature	Date

NTBR Staff Only:

I have verified references and reviewed this application _____

I have performed a home check of the potential foster _____

I have (approved / NOT approved) applicant to foster an animal from NTBR _____

I have contacted the potential foster with the disposition of this application/agreement. _____

Foster screening completed by:

_____	_____	_____
Full Name	Signature	Date

*Please ensure that approved adopters fill out the adoption agreement when they take custody of an animal,
even if they have currently fostered. They do not need to fill out the application if they are a current foster.

Notes:

