

**California Bully Crew, Inc.**

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**ANIMAL FOSTER APPLICATION & AGREEMENT**

***Completion of this application does not guarantee foster approval.***

Name of applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_ Occupation \_\_\_\_\_

Names (and ages) of children, if any  
\_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you live in a House \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Town House \_\_\_\_\_ Other \_\_\_\_\_

Do you Own \_\_\_\_\_ Rent \_\_\_\_\_

If you rent, do you have your landlord's permission to have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Landlord's Name and Phone Number  
\_\_\_\_\_

Name of dog you want to foster: \_\_\_\_\_

I understand that I am expected to: **love, feed, bathe, train and care for my foster pet(s)** as if they were my own. **Initial** \_\_\_\_\_

I understand and agree that I may foster for up to a year (or more) and that I will notify California Bully Crew, Inc. of any limitations I may have at the time this agreement is executed. **Initial** \_\_\_\_\_

Please indicate by **circling** below how long you are able to foster.

(1) month          (3) months          Until the dog is adopted

I agree to seek veterinary care for my foster dog. This includes any follow up care that is required for my foster dog. **Initial** \_\_\_\_\_

I agree to contact California Bully Crew, Inc. IMMEDIATELY by phone should my foster dog present with any kind of medical issue, for example; vomiting, bloody stools, sneezing, coughing, runny nose, lack of appetite, injury or pain, labored breathing and any other reasonable medical presentation that my foster dog exhibits. **Initial** \_\_\_\_\_

I agree and understand that any medical decisions need to be made by California Bully Crew, Inc., and that I will contact them for direction should any medical emergency arise. **Initial** \_\_\_\_\_

I understand that California Bully Crew, Inc. will provide food, cover veterinary expenses and supplies needed for my foster dog. **Initial** \_\_\_\_\_

I understand and agree that detailed receipts for any expenses incurred for the care of my foster dog such as; food, medical expenses and supplies are required for reimbursement. I also agree to discuss any anticipated expenditures with California Bully Crew, Inc. for consideration and approval.

**Initial** \_\_\_\_\_

I understand and agree that a home check is required as part of the qualification process in order to be a foster for California Bully Crew, Inc. **Initial** \_\_\_\_\_

California Bully Crew, Inc. participates in adoption events throughout Southern California. I understand and agree to attend the events with my foster dog in order to increase my foster dog's chances for adoption. We take into consideration the logistics for the event, but expect our foster parents to do the same. **Initial** \_\_\_\_\_

Are you able to transport your foster dog to and from adoption events approved and/or sponsored by California Bully Crew, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are unable to transport and/or attend events with your foster dog, please indicate your reason.

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If you are able to attend adoption events, please acknowledge that you are willing to volunteer your time by; walking, feeding and assisting at the events. **Initial** \_\_\_\_\_

Please indicate the distance you are willing to travel to transport your foster dog to/from adoption events approved/sponsored by California Bully Crew, Inc. (\_\_\_\_\_) Miles

If you have fostered for another rescue, please provide a reference with name and phone number below.

Name of rescue \_\_\_\_\_ Phone No. \_\_\_\_\_

Is there any additional information you would like to share? \_\_\_\_\_

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Will the dog be an indoor and outdoor pet or both? \_\_\_\_\_

How many hours per day will the dog be left outside (if any)? \_\_\_\_\_ Will you use the crate? \_\_\_\_\_

If yes, how many hours per day? \_\_\_\_\_

About what percent of the time will the dog be left alone? \_\_\_\_\_

Where will the dog be when left alone at home? \_\_\_\_\_

What area(s) of the house will the dog be allowed into? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how high is the fence? \_\_\_\_\_

Type of fence? \_\_\_\_\_ Are the gate(s) normally locked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a pool? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, is it fenced separately from the yard? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want to foster a dog? \_\_\_\_\_

Other pets (specify number of each): Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Name and age of any dogs and cats living in your home \_\_\_\_\_

If you have any dogs or cats, are they spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

What pets have you had in the past? \_\_\_\_\_

What happened to the ones you no longer have? \_\_\_\_\_

Do you have a regular veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, vet's name \_\_\_\_\_

Name of Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Does anyone in your household have allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ What kind? \_\_\_\_\_

How would you train this dog? (Check all that apply)

\_\_\_\_\_ Obedience school \_\_\_\_\_ Hit with newspaper

\_\_\_\_\_ Firm verbal commands \_\_\_\_\_ Clicker/hand signals

Other (specify) \_\_\_\_\_

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing below, you are certifying that you that all of the information is correct and true and that you are the person completing this application.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature (please sign)

\_\_\_\_\_  
California Bully Crew, Inc.

\_\_\_\_\_  
Date of Agreement

**California Bully Crew, Inc. reserves the right to refuse the right to foster to any for any reason. This questionnaire becomes part of our contract to foster.**