

FOSTER APPLICATION

Personal Information:

Name:				
Home Phone:	_ Cell #:			
Email:				
Spouse's Name (if applicable):				
How many children in your home?	Ages		-	
Are you at least 21 years of age or ol	der?			
Are there any others residing in your home?				
Please List:				
Employer Name:	Ph	one:		
Employer Address:				
City:	_ State:	Zip:		
How long have you been there?				

Residential Information:

Home Address:					
City:	State:		Zip:		
Is this where the pet will be for	ostered?				
How long have you resided at this address?					
If less than two years, what w	vas your previous a	ddress:			
Do you Rent or Own					
Condo Mobile Home	e				
If renting, what is your Landlo	ord's name?				
Landlord's Phone Number:					
Have you received permission	ı from your landlord	l?			
Other Foster Info	ormation:				
What dog/puppy are you inter	rested in fostering?				
What do you think makes this particular foster a good choice for you?					
Do you have an age preference	ce?				
Male or Female or No preferer	nce				
If need be, are you willing to	pay for food and su	pplies? (CP	BL Rescue will cover		
all medical expenses.)					
Are you willing to foster a dog	y with special health	n needs?			

Are you willing to foster a dog with behavior issues?							
Are you willing to work with a dog to learn and maintain basic manners?							
Are you willing to foster more than 1 dog at a time?							
Have you had experience with this particular breed?							
							Do you have a pool and if so is it fenced?
							How will you exercise this foster?
How many hours are you away from home during the average workday?							
Where will this foster be kept during that time?							
Where will your foster be sleeping during the night?							
Are you familiar with crate training?							
What training method/discipline method do you use?							
What behaviors do you think are unacceptable?							
What kind of other pets do you have in the home and what are their personalities (ie dominant, passive, shy)?							
Are they all current on their vaccinations?							
Are they ALL sterilized?							

Your Veterinarian's Name:				
City:	Phone Number:			
May we contact y	our vet to inquire of your past or presents pets?			
Does anyone in th	ne household have allergies?			
Does anyone in th	ne household have Asthma?			
	one in your household ever been convicted of animal cruelty, onment?			
Have you ever ha	nd to give up a pet? Please explain:			
Will you bring you	ur foster pet to events and meet and greets to facilitate finding			
their forever hom	e?			
Do you agree to g	give CPLB Rescue a minimum of 14 days to arrange for a new			
foster situation if	you are no longer able to foster the animal(s)?			
Please give us the	e name & phone number of at least two personal references and			
their relationship	to you.			
1				
2				
Are there any oth	er comments you would like to make?			

Please read and initial the following:

I agree to not adopt out or give away any CPBL for without following CPBL adoption protocol	ster dog(s) on my own
I agree that I will be held financially responsible for adopt out without following protocol	or any dog I give away or
I will be responsible for paying adoption fee plus a expenses CPBL had to pay for said foster dog(s)	ny incurred medical
I agree to alert CPBL immediately if the foster dog lost or missing	(s) under my care are
I agree to send updated pictures and bio's to CPBL foster dog(s) on a regular and on-going basis	for marketing of the
I agree to CPBL checking in with me on a monthly	basis to offer support
I agree to semi-annual home checks by CPBL for t a foster with CPBL	he duration of time I am
I agree to reach out to CPBL if I am, at any time, I my foster dog(s)	having difficulty caring for
I agree to financially and otherwise care for the for if they were my own	ster dog(s) in my care as
I agree to not hold CPBL liable for any injury or da foster dog(s) are in my home	mage incurred while
I agree that my landlord, homeowners association insurance all approve of the pit bull breed	and homeowners
PLEASE COMPLETE AND EMAIL TO: cpblfosters	@gmail.com
I, (name) certiprovided on this form is true. I give permission to CPBL reinformation as needed. I understand that a home check whostering ANY animals. Any false statement will terminate agreements.	vill be mandatory prior to
Applicant Signature:	Date: