



# Adoption & Foster Application

P.O. Box 521397, Longwood, FL 32752 □ fosters@orlandobullyrescue.com □ 321-972-6495

*Please note: must be 21 years of age or older to complete Application*

Today's Date: \_\_\_\_\_ Applying to:  Adopt  Foster- how long can you foster? \_\_\_\_\_

Name of Dog(s) \_\_\_\_\_ Breed/Type \_\_\_\_\_

How did you hear about the rescue? \_\_\_\_\_

**Please tell us about you and your family. Print identification information clearly, especially email address:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Length of time at current employer \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Please list below information pertaining to spouse, Fiancé, significant other, boyfriend, girlfriend or roommate if they reside at address where dog will be living.** \_\_\_\_\_

Name: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Length of time at current employer \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home (\_\_\_\_)\_\_\_\_-\_\_\_\_

1) For whom are you adopting the dog? \_\_\_\_\_

2) Tell us some of the most important responsibilities you believe you must demonstrate when owning a dog?  
\_\_\_\_\_

3) Please list any preferences (age, sex, breed, personality) \_\_\_\_\_

4) Are you willing to take the time to housebreak a dog?  Yes  No

5) If a behavioral problem arises, what steps will you take to work on it? \_\_\_\_\_

6) How many adults live in your home? \_\_\_\_\_

i. Please list names of adults over 18 years of age: \_\_\_\_\_

7) How many children live in your home? \_\_\_\_\_

i. Please list names of children and ages: \_\_\_\_\_

8) Who will be responsible for feeding and taking care of the dog you? \_\_\_\_\_

9) Who will take care of the dog in the absence of the primary caretaker? \_\_\_\_\_

10) What reading and/or other steps have you taken to prepare for a new dog? \_\_\_\_\_

11) Will you be willing to use the appropriate open-wire crate, if recommended?  Yes  No

12) What breeds of animals have you owned previously? \_\_\_\_\_

**Veterinary Care & Current/Past Pets**



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13) Check here if this does not apply to your household:  Never owner a pet

14) Including your current pet, what other pets have you owned in the past 5 years?

Name	Breed	Sex	Age	Spayed/ Neutered?	How long have you owned this pet?	Where does or did the animal spend most of their time?	Do you still own the pet? If not, what happened?	Vet Name & Number
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		

a. All animals in home current on all vaccinations (rabies/distemper)?  Yes  No

i. If no, why? \_\_\_\_\_

b. All animals in home currently on monthly heartworm medication?  Yes  No

i. If so, what kind? \_\_\_\_\_

c. All animals in home currently on monthly flea/tic preventative?  Yes  No

i. If so, what kind? \_\_\_\_\_

15) Name of Veterinarian, contact number and address that you will use for your new pet: \_\_\_\_\_

16) If adopting, do you agree to provide proof up to 24 months after adoption to confirm the purchases of heartworm medication & flea/tic preventative for the dog - administered on a monthly basis?  Yes  No

17) Do you  Own  Rent How long at current place of residency? \_\_\_\_\_

i) If you rent: Landlord name \_\_\_\_\_ Landlord # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

18) Do you have a Home Owner Association?  Yes  No

19) Do you have property insurance?  Yes  No



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- i. If yes, have you verified the dog you are applying for is approved?  Yes  No  
*\*\* For example, do you have an HOA or insurance policy with breed restrictions?*
- 20) Do you have a fenced yard?  Yes  No  
i. If no, do you plan to install a fence?  Yes  No  
ii. If yes, when? \_\_\_\_\_
- 21) Will you exercise the dog and for approximately how long?  Yes  No  
i. If yes, how much and for how long per day/week? \_\_\_\_\_
- 22) How many hours will the dog be left unattended (i.e., workday)? \_\_\_\_\_
- 23) When you are home, where will the dog be kept? \_\_\_\_\_
- 24) Where will the dog sleep? \_\_\_\_\_
- 25) What will you do with the dog when you travel? \_\_\_\_\_
- 26) If you move and can't take the dog will you surrender the dog to OBR?  Yes  No
- 27) Are you aware OBR requires all dogs/cats in the home be spayed or neutered?  Yes  No
- 28) Are you aware of the adoption donation are nonrefundable?  Yes  No
- 29) Are you familiar with your local animal control laws?  Yes  No

## Agreement and Release

**Foster & Adopters agreement:** I have read the above information carefully and have filled out this application honestly. I am 21 years of age or older. 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 adoption takes place, I understand that Orlando Bully Rescue (OBR) reserves the right to annul the adoption and reclaim the animal. I give the Partnership permission to fully investigate the information provided and confirm what has been submitted on application, email or disclosed verbally. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by OBR before an adoption or foster decision is made. In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is the Partnership's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated by the Partnership, I am free to apply and undergo the application process in the future.

**Foster review and agreement only:** I am responsible as the foster to ensure the dog abides by all animal control laws and will be responsible for any violations of the law. If medical costs arise for foster due to any situation beyond natural causes or preventative care, for example, the dog in foster care has an altercation with another dog or causes injury to a



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person; the foster will therefore take on full responsibility for all costs and citations involved. As a foster I will cooperate during any investigations to ensure the well being of the dog in foster care.

I have read and understand the Adoption/Foster Application release and agree to adhere to its entirety. It is the policy of OBR to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Signature(s) \_\_\_\_\_

If electronic, you can authorize this as an electronic signature by checking this box  Yes  No

Printed Full Name \_\_\_\_\_ Date: \_\_\_\_\_

## **OBR Representative**

Signature(s) \_\_\_\_\_

If electronic, you can authorize this as an electronic signature by checking this box  Yes  No

Printed Full Name \_\_\_\_\_ Date: \_\_\_\_\_