



BEFORE COMPLETING THIS FORM, PLEASE SAVE THE DOCUMENT TO YOUR DESKTOP AS A PDF FILE. THEN, CLOSE THE DOCUMENT YOU OPENED FROM THE WEBSITE & OPEN THE FILE SAVED ON YOUR COMPUTER. THEN YOU CAN BEGIN FILLING IN THE FIELDS.

CONTACT INFORMATION

NAME

HOME ADDRESS

CITY

COUNTY

STATE

ZIP CODE

HOW LONG HAVE
YOU LIVED AT
THIS ADDRESS?

If you have not lived at the above address for at least 2 full years, please provide your previous address below.

STREET ADDRESS

CITY

STATE

ZIP CODE

Length of time at this
address?

HOME PHONE

WORK PHONE

CELL PHONE

Best way to reach
you? Home Cell Work

EMAIL ADDRESS

PERSONAL INFORMATION

DATE OF BIRTH

DRIVER'S
LICENSE NUMBER

EMPLOYMENT & SCHEDULE

OCCUPATION

EMPLOYER

LENGTH OF
EMPLOYMENT

HOW MANY DAYS
A WEEK DO YOU
WORK?

WHAT HOURS DO
YOU WORK EACH
DAY?

CURRENT RESIDENCE INFORMATION

DO YOU CURRENTLY LIVE IN	A House Other	An Apartment	A Condo
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DOES THE APPLICANT OWN THE PROPERTY?	Yes	No
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If you currently rent or lease, have you, have you checked with the landlord to determine if you're permitted to own pets?	Yes Other	No
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Are there pet restrictions?	Yes	No
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If you answered yes to
the previous question,
describe the pet
restrictions in detail.

CURRENT
LANDLORD'S
NAME

CURRENT
LANDLORD'S
PHONE NUMBER

IS YOUR YARD FENCED?	Yes	No
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FENCE HEIGHT

FENCE TYPE

LAWS, RULES & REGULATIONS

CITY ORDINANCES: (You must contact the city council clerk to get an up to date copy of codified ordinances re: animals.)

What are the requirements in your City regarding dogs, in general?

What are the requirements in your City regarding pit bulls, in particular?

Do you comply with the City ordinances? Yes No
Other

If you do not comply, are you willing to get into compliance to foster for us? Yes No
Other

Please explain in detail

ASSOCIATION REGULATIONS OR OTHER RULES:

If you live in a neighborhood with an association or in a condo, what are the rules, regulations, etc. regarding dogs?

Other rules, regulations, etc. that must be considered?

HOUSEHOLD MEMBERS

PEOPLE IN HOME:

DO YOU LIVE ALONE? Yes No
Other

Please list the name and additional requested information for each individual, including children, with whom you live:

INDIVIDUAL 1:

Include the following information:

- (i) Name;
- (ii) Age;
- (iii) Relationship to Applicant;
- (iv) Employer Name;
- (v) Length of Employment.

INDIVIDUAL 2:

Include the following information:

- (i) Name;
- (ii) Age;
- (iii) Relationship to Applicant;
- (iv) Employer Name; &
- (v) Length of Employment.

INDIVIDUAL 3:

Include the following information:

- (i) Name;
- (ii) Age;
- (iii) Relationship to Applicant;
- (iv) Employer Name; &
- (v) Length of Employment.

INDIVIDUAL 4:

Include the following information:

- (i) Name;
- (ii) Age;
- (iii) Relationship to Applicant;
- (iv) Employer Name; &
- (v) Length of Employment.

INDIVIDUAL 5:

Include the following information:

- (i) Name;
- (ii) Age;
- (iii) Relationship to Applicant;
- (iv) Employer Name; &
- (v) Length of Employment.

DO YOU HAVE HAVE ALLERGIES	Yes	No
	Other	

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ALLERGIES?	Yes	No
	Other	

CURRENT HOUSEHOLD PETS:

DOG 1:

Name; age, sex, breed; where did you get the dog,

how long have you owned the dog,

is the dog spayed/ neutered?

is the dog good with other dogs?

Is the dog vaccinated?

DOG 2:

Name, age, sex, breed;
where did you get the
dog?
how long have you
owned the dog?
is the dog spayed/
neutered?
Is the dog good with
other dogs?
Is the dog vaccinated?

DOG 3:

Name, age, sex, breed;
where did you get the
dog?
how long have you
owned the dog?
is the dog spayed/
neutered?
is the dog good with
other dogs?
is the dog vaccinated?

DOG 4:

Name, age, sex, breed;
where did you get the
dog?
how long have you
owned the dog?
is the dog spayed/
neutered?
is the dog good with
other dogs?
is the dog vaccinated?

PLEASE PROVIDE INFORMATION ON CURRENT OR FORMER (IF YOU NO LONGER HAVE YOUR DOG) VET:

VET'S NAME

VET'S PHONE
NUMBER

DATE OF LAST VET
VISIT

HOW DOES YOUR
CURRENT DOG GET
EXERCISE?

WHAT OTHER PETS
DO YOU OWN?

FORMER PETS:

IF YOU HAVE OWNED OTHER DOGS IN YOUR ADULT LIFE, WHAT HAPPENED TO THEM?

Still have the dog(s)
Died of fatal disease
Hit by car
Disappeared or lost
Other

Died of old age
Gave or sold to friends, relatives, etc.
Stolen
Ran away

PLEASE EXPLAIN IN DETAIL

INFORMATION RELATING TO FOSTER DOG

WHERE WILL YOUR RESCUE DOG BE WHEN YOU ARE HOME (check all that apply):

Dog will be inside with family & kept in a crate when you cannot supervise.
Dog will be inside with family & permitted to roam free in the home
Dog will be in the basement or garage.
Dog will be kept outdoors.
Dog will be kept outdoors and dog house will be provided.
Other

HOW MANY HOURS A DAY WILL THE DOG BE LEFT ALONE?

WHEN THE DOG IS HOME ALONE, THE DOG WILL BE (check all that apply):

In a crate, wire cage or dog pen inside the home
Rescue dog will be free to roam in the house
In a kennel in the garage
In an outdoor kennel
Outside secured on a chain or tether
In the fenced-in yard
Other

HOW WILL THE RESCUE DOG GET EXERCISE (check all that apply):

Leash walks
The rescue dog will be free to run in unfenced yard while secured to a cable or dog run
The rescue dog will be free to run in fenced-in yard
The rescue dog will be trained to stay in unfenced yard
The rescue dog will be free to run in unfenced yard with supervision
The rescue dog will be taken to a dog park (public, fenced-in area where dogs can run and play together off leash.)
Other

ARE YOU ABLE TO PAY FOR HIGH QUALITY DOG FOOD FOR THE RESCUE DOG?

Yes No
Other

ARE YOU ABLE TO
PAY FOR TOYS AND
BEDDING FOR THE
RESCUE DOG?

Yes No
Other

ARE YOU
PREPARED TO
ATTEND AT LEAST
ONE OBEDIENCE
CLASS WITH THE
RESCUE DOG?

Yes No
Other

ARE YOU
PREPARED TO DEAL
WITH THE
DISCRIMINATION?

Yes No
Other

EXPERIENCE

DO YOU HAVE ANY
EXPERIENCE
WORKING WITH
DOGS THAT HAVE
BEEN ABUSED,
NEGLECTED, ARE
UNDERSOCIALIZED
OR THAT HAVE
BEHAVIORAL
ISSUES?

Yes No
Other

DO YOU
CURRENTLY
AFFILIATE WITH
ANY OTHER DOG
RESCUE?

WHY DO YOU WANT
TO HELP PIT BULL
DOGS?

WHAT ARE YOUR
REQUIREMENTS
REGARDING THE
RESCUE DOG THAT
YOU FOSTER?

PLEASE DESCRIBE
ANY PAST
EXPERIENCE YOU
HAVE HAD WITH
PIT BULL DOGS.

MISCELLANEOUS

ARE YOU ABLE TO
ATTEND FOSTER
HOME MEETINGS?

Yes No
Other

If so, what are the best days and times for you?

DO YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS?

REFERENCES, REPRESENTATIONS & SIGNATURE

LIST 3 REFERENCES NOT RELATED TO YOU BUT WHO KNOW YOU.

REFERENCE 1:
(Full Name;
Phone Number;
Relationship to Applicant;
Length of Relationship)

REFERENCE 2:
(Full Name;
Phone Number;
Relationship to Applicant;
Length of Relationship)

REFERENCE 3:
(Full Name;
Phone Number;
Relationship to Applicant;
Length of Relationship)

By checking this box, I, the Applicant, represent that I understand that For the Love of Pits has no knowledge regarding the rescue dog's background or temperament, and that I am becoming a foster home by my own will with the understanding that there is risk with unknown, abused, abandoned and/or neglected dogs.

By checking this box, I, the Applicant, represent that I hereby forever release For the Love of Pits, its directors, officers, agents, representatives and volunteers from any liability that may be caused by any rescue dog in my care.

By checking this box, I, the Applicant, represent that I understand that completing this Application does not require For the Love of Pits to permit me to become a foster and that to become a foster, I must execute a foster home agreement drafted by For the Love of Pits.

By checking this box, I, the Applicant, certify that I am the person named above and that, to the best of my knowledge, all statements and information provided in this Application are true, complete and correct.

IF THIS APPLICATION IS SUBMITTED ELECTRONICALLY, I UNDERSTAND THAT BY TYPING MY NAME IN THE "APPLICANT'S SIGNATURE" BOX BELOW ACTS AS MY LEGAL SIGNATURE AND ACKNOWLEDGMENT THAT I READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

APPLICANT'S
SIGNATURE

DATE

Once you have completed this application, please **SAVE** the document as a PDF file. Then, please sent the application to:

shana@fortheloveofpits.org

or

For the Love of Pits
P.O. Box 19292
Cleveland, Ohio 44119