



ENGLISH BULLDOG RESCUE OF GEORGIA



Foster Application

We will not process this application unless it is complete.

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____

Cell Phone: (____) _____ Fax: (____) _____

E-mail: _____

Have you ever owned a bulldog? Yes / No

Do you have children in your home or do children visit often? Yes / No

If yes, how old are the children? _____

Would you be willing to care for a dog that is not completely housebroken? Yes / No

Would you be willing to care for a dog that needed daily medications? Yes / No

Would you be able to foster a dog that did not get along with other animals? Yes / No

How many dogs do you currently own? _____

Please list the breed, age, and sex of each dog: _____

List any other pets in your home: _____

Are any of your pets dominant or aggressive in any way? _____

Place of employment & occupation: _____

Submit complete application via e-mail to: cobullymom@att.net & randy.ebrg@yahoo.com
or FAX (770) 995-4195 or mail it to PO BOX 466175 – Lawrenceville, GA 30042
Cheryl Ovenshire: (678) 628-3531 Randy Huffman: (770) 560-3490



Please check all that apply: Working/Commute Work from home Retired
 Homemaker Student Other

How many hours a day will the pet typically be left alone? _____

Do you have a backyard? Yes / No

If yes, is your yard fenced in? Yes / No

Do you have a pool? Yes / No

If yes, is your pool fenced in? Yes / No

In your home, do you have: mostly carpet mostly tile hardwood

Do you have stairs? Yes / No

If yes, please describe how many and location of stairs: _____

Are you interested in short-term (a month or less) fostering, or can you provide long term fostering? _____

Please provide the name and telephone number of your Veterinarian reference: _____

There will be a home visit prior to becoming a foster home. Please attach addition information you would like to share with us on a separate piece of paper or use the back of this form.