

Foster Application

NAME(s): _____

Physical Address: _____

Phone: _____ Phone: _____

Mailing Address: _____

Email Address: _____

****Do you want to receive our Monthly e-newsletter?**

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1. Residence: OWN or RENT

- IF YOU OWN: We will verify your current address as the homeowner
- IF YOU RENT:

LANDLORD'S NAME ADDRESS AND PHONE NUMBER:

2. Veterinarian: I, the applicant, give permission for the my animal's medical information to be released to the Dog & Cat Shelter, Inc. Email: dognecat2@fiberpipe.net or Fax: 672-6409

Vet Name: _____

Vet Phone #: _____

Animal Names & Breeds: _____

3. Personal References (Please list 2)

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

All of the above information I have given is true and complete. I understand that it is my responsibility to see and evaluate the pet for myself before agreeing to foster the animal. I understand that the Dog and Cat Shelter has limited information about the history of this animal. This animal will reside in my home as a pet. I will provide it with adequate food, water, shelter, and attention. I am in full agreement with the terms of fostering. I understand that neither the Dog and Cat Shelter or its Board of Directors is in any way responsible for any damage, accident or injury resulting from the placement of this animal into my household.

APPLICANTS SIGNATURE: _____

DATE: _____