

Family Paws Rescue Foster Application

Contact Information

Name: _____

Address: _____

Phone: _____

Birthdate: _____

Driver's License No: _____

State of Issue: _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Phone: _____

Employment Information

Current Employer: _____

Address: _____

Phone: _____

Name of Supervisor: _____

Current Animals in Home **Note: All pets must be up to date on all vaccines*

Breed: _____ Age: _____ Spayed/Neutered: _____

Breed: _____ Age: _____ Spayed/Neutered: _____

Breed: _____ Age: _____ Spayed/Neutered: _____

Breed: _____ Age: _____ Spayed/Neutered: _____

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Veterinarian Information

Name: _____

Address: _____

Phone: _____

Have you ever been convicted of a felony? Yes No

Have you fostered before? Yes No If yes, where: _____

References

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Please read carefully and initial each

_____ I have read all statements carefully and state that they are true and accurate to the best of my ability.

_____ I am at least 18 years old.

_____ I have never been convicted of any animal related crime.

_____ I grant Family Paws Rescue the right to use my name, image or any video of fosters or people in the home at the time for media marketing or public relation purposes.

_____ I agree that if I become a foster for Family Paws Rescue I will comply with all rules, policies, and state laws.

_____ I understand Family Paws Rescue can terminate my foster contract at any time for any reason.

_____ I understand that when handling animals, harmful situations may occur and could result in injury to myself or my property. On behalf of myself, all household members or guests, I hereby release, discharge, indemnify, and hold harmless Family Paws Rescue and/or its representatives from any and all claims, causes, or actions and demands of any nature, known or unknown, arising out of or in connection with my fostering activities.

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_____ I hereby certify that all pets in my home are current and up to date on all of their vaccines.

_____ In the case of loss or injury of an animal due to neglect or abuse in my care, I am fully responsible for any and all medical bills, as well as court or attorney fees incurred.

I understand and agree that by signing this contract I am responsible for all items entailed. I certify that I understand any and all provisions for this contract and consent to its terms. I hereby certify all statements to be true, complete, and correct to the best of my knowledge.

Print Name

Signature

Date