**Foster Application**

**NAME(s):**

**Physical Address:**

**Phone: Phone:**

**Mailing Address:**

**Email Address:**

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

**It’s free, it’s fun and it’s informative. \_\_\_\_\_YES \_\_\_\_\_NO**

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:**

1. **Veterinarian: I, the applicant, give permission for the my animal’s medical information to be**

**released to the Dog & Cat Shelter, Inc. Email:** [**dogncat2@fiberpipe.net**](mailto:dogncat2@fiberpipe.net) **or Fax: 672-6409**

**Vet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vet Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Animal Names & Breeds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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 SIGANTURE:**

**DATE:**