

Furry Friends Freedom Foundation

www.4fanimalrescue.org * info@4fanimalrescue.org

Foster Application

If yes, please explain. _____

This application will help us to find the best possible match between you and the dogs available. Please complete the form in detail, and return it to:

Mail To: 4F Animal Rescue * P.O. Box 37882 Jacksonville, FL

Email to: info@4fanimalrescue.org Fax to: 904-388-5838

FOSTER INFORMATION Name ______ Home Phone _____ Cell Phone _____ Employer _____ Employer Phone # Driver's License # State Email address HOME INFORMATION 2. Do you Own □ Rent □ Live w/ parents □ Live w/ others □ Other 6. If yes, what will you do with your pet? _____ ____ Phone _ Name of Landlord/Association ___ Is there a pet deposit or other relevant fee that you haven't paid to your landlord? Yes D Type of fence? __ _____ Height? _____ **FAMILY INFORMATION** 11. How many adults in your household?

How many children?

Ages of children 12. Are all members of your household in agreement about fostering a pet? Yes D 13. Who will be the primary caregiver for the pet? ___ 14. Do any members of your household have asthma or allergies to animals?...... Yes Do 15. Have you or any member of your family ever been convicted of cruelty to animals? Yes - No 17. Have you or any member of your household been issued a citation by Animal Control in the past?..... Yes D PET HISTORY 18. Please list other animals already in your home. ______ 19. Are they spayed/neutered? Yes □ No If no, please explain why not. 21. Are they currently on heartworm preventative? Yes D 22. Do they live outside or in the garage? If yes, where is the pet now? 24. Have you ever surrendered an animal to a shelter? Yes D 25. Are you willing to comply with all local & state laws concerning inoculations, licensing, running at large, nuisances & other animal regulations? Yes - No 26. Has a dog or cat in your household ever run away, been poisoned, or hit by a car? Yes - No

| VEI II | NFORMATION | | |
|--------|---|---|--|
| 27. | What veterinary practice do you currently or do you plan to use | ? | |
| 28. | 28. May we call to verify vaccinations, general health and spay/neuter status of your pets? Yes □ No. 29. What type of flea and heartworm preventative do you use on your current pets? | | |
| 29. | | | |
| FOSTI | ERING INFORMATION | | |
| 30. | Where will the dog live | □ Indoors mostly/Outdoors for exercise and potty □ Outdoors only □ Outdoors mostly/Indoors on occasion □ Not Sure | |
| 31. | Where will the dog be when no one is home? | Indoors Outdoors Either Indoors or Outdoors | |
| 32. | Where would this pet sleep at night? | | |
| 33. | How many hours would the dog be alone during the day? | | |
| 34. | How will you care for the pet when you are away from home? _ | | |
| 35. | How do you plan to exercise the animal? | | |
| 36. | In the event of an emergency, what arrangements would you m | ake for the animal? | |
| | | | |

All of the above information I have given is true and complete. This dog will reside in my home as a foster. I will provide it with adequate food, water, shelter, training, and affection. I understand that "4F" is an animal rescue and is not responsible for the accuracy of information received about the habits, temperament, or physical condition of dog. I understand that it is my responsibility to evaluate the dog for myself before agreeing to foster it. I am in full agreement with these terms of fostering. "4F" shall not be liable for, and is hereby relieved from, all liability for any damage, causes of action, fines, suits, demands, judgments or claims of any nature whatsoever arising from or by reason of any damage to property or injury to any persons caused in whole or in part by the dog placed in your home. I hereby accept and assume such liability and agree to protect, indemnify and hold "4F" harmless from and against all of the aforesaid. Submitting this form constitutes your permission for us to check references.

| Foster Name: (print please) | |
|-----------------------------|-------|
| Foster Signature: | Date: |

Both parties agree that this application can be executed by the applicant and sent to "4F" via hand delivery, U.S. Mail, Federal Express or any other recognized overnight delivery service, facsimile or by e-mail. If the applicant would like to send the document via e-mail, applicant and "4F" both agree that applicant's typed signature is valid and binding upon the parties.

WE RESERVE THE RIGHT, IN OUR SOLE DISCRETION, TO REFUSE ANY APPLICANT FOR ANY REASON WHATSOEVER.

Thank you for contacting 4F. One of our representatives should be contacting you shortly after receiving your paperwork. If you have not received a response (by phone, mail or e-mail) in 14 days, please do not assume you were refused. Please try contacting the representative who sent you the application. We look forward to working with you.