



The National Foundation for Animal Rescue

P.O. Box 565 • Saddle River • New Jersey 07458

FOSTER FORM

CONTACT INFORMATION:

Name: _____ Date of Birth: _____ E-mail: _____

Address: _____

Phone (Home): _____ Cell: _____ Work: _____

RESIDENCE INFORMATION:

Dwelling type: _____ Rent/ Own: _____ If you rent are you allowed to have pets: _____

We must have landlord's contact information or a copy of your lease to verify that pets are allowed.

Landlord's Name: _____ Phone: _____ May we contact them: _____

How long have you lived at this address: _____

Please provide the name, age and relation to you of all other people living in the household:

1. _____
2. _____
3. _____
4. _____

Does everyone in the household agree to housing and caring for a foster animal: _____

PET CARE:

Where will the pet be kept: _____ Do you have a yard: _____ Do you have a fence: _____

If yes, how high: _____ Type: _____ How large is the yard: _____

If no, where will the pet be kept/exercised at home: _____

How many hours will the foster pet be alone during the day: _____ Where will they be kept during this time: _____

Where will the foster animal sleep: _____

When you travel who will be responsible for the care of the foster animal: _____

ANIMAL EXPERIENCE:

Do you currently own any animals: _____ If yes, type, breed, age, sex etc: _____

Where are they kept: _____ Are they altered: _____ Are they licensed: _____

Are they current on their shots: _____ Your Vet: _____ Phone: _____

May we contact them as a reference: _____ Have you ever given a pet away: _____

If yes please explain: _____

Have you ever been an animal breeder, dealer or broker: _____

REFERENCES (Non-Relatives):

Please provide two references and their phone numbers that we may contact:

- 1. _____ Phone: _____
- 2. _____ Phone: _____

Do you have any objections to a home visit: _____

OTHER:

Have you or any member of your family ever been an employee/volunteer for another animal human agency, animal rescue group, or animal shelter:

If yes, please list:

If you are still affiliated with this (these) group(s) what is your involvement: _____

AGREEMENT:

By submitting this application, I/we agree, as Foster participant(s), to provide quality food, fresh water, secure exercise space, training, and shelter while the animal is in my/our foster care. Foster participant agrees to exercise dogs on leashes or in a fenced-in area at all times. Foster participant agrees to keep all cats restricted to inside at all times. Foster participant understands that this is a temporary arrangement, and that the animal they are fostering is the property of NFFAR. Foster participant agrees that they will not adopt or transfer any animal to any other parties without prior consent of a NFFAR representative. Foster participant agrees that adoption of a foster animal is at the discretion of a NFFAR representative. Adopting of a foster animal by the foster participant will be at the discretion of a NFFAR representative and will follow all adoption procedures. Foster party agrees not to take any additional animals into their care under the NFFAR program without prior approval for a NFFAR representative. NFFAR reserves the right to remove an animal from the care of a foster participant at any time. Foster participant agrees to allow NFFAR to show their foster animals, with proper notification, to prospective adopters. Foster participant agrees to bring the foster animal to scheduled adoption days. NFFAR does not accept any person as a volunteer or foster participant who has been tried and convicted of any act of animal cruelty, abuse or neglect. Furthermore, we will not participate in allowing a person of the above to do community service in our organization. The representative(s) shall make the decision for termination after securing the facts from all concerned and will have the right to confiscate any animals immediately in the foster participant's care.

X _____

Signature of FOSTER

X _____

NFFAR Representative