

Bay Area Animal Rescue Crew

B.A.A.R.C.

Foster Application

Name of foster _____ Home Address _____

First _____ Last _____ Street _____ City _____ Zip _____

Name of Foster Animal _____ Home Phone _____ Cell Phone _____

Email Address _____

Please mark what you are interested in fostering. Kittens under 8 wks _____ Kittens over 8 wks _____

Puppies under 8 wks _____ Poppies Over 8 wks _____ Dogs under 20 lbs _____ Dogs over 20 lbs _____ Pitbulls_____

Please list any reasons why you wouldn't foster a dog? _____

Do all members of household agree to fostering? _____ Are you currently fostering for another group? _____

Do you agree to foster this animal until s/he is adopted? _____ Do you currently have any personal pets? _____

If so, what kind and how many? _____ Current on Vaccines? _____

Spayed and Neutered? _____ Which vet do you use? _____

How many adults are in the house? _____ Children? _____ Ages of Children? _____

Do you rent or own? _____ If renting, who is your landlord? _____

How long at current residence? _____ Do you have a fenced in secure back yard? _____

How long would foster animals be left alone? _____ Where would they sleep at night? _____

Are you able to take them to their appts when needed? _____ Are you ok with administering medications if needed? _____ Are you willing to show your foster animal at adoption events when we have them? _____

Are you willing to show your foster animal by appt only in your home during the week? _____

Please list a name of a non-family member that can be used a reference. _____

Bay Area Animal Rescue Crew (B.A.A.R.C) does not operate a shelter and currently relies solely on the use of foster homes to save the lives of dogs and cats pulled from Animal Services and from Public Surrenders. I understand fully the animal(s) is temporarily in my care and belongs exclusively to B.A.A.R.C. I further understand the purpose of this foster relationship is solely to provide care for this animal. Any determination made about this animal or about this animal's care must be authorized by the BAARC Animal Director. I understand that any veterinary care must be authorized by the BAARC Animal Director and further understand I will be responsible for any expenses incurred unless authorized by the BAARC Animal Director or a B.A.A.R.C. Board Member. Furthermore, I will not hold B.A.A.R.C. responsible for any damage to property, persons, or personal pets as a result of this foster animal.

Foster Name (print) _____ Foster Signature _____ Date _____

B.A.A.R.C. Rep _____ B.A.A.R.C. Rep _____ Date _____

