

Animal type you'd like to foster: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Date: \_\_\_\_\_



Foster Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/St \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Own or rent? \_\_\_\_\_ Fenced Yard? \_\_\_\_\_

Number of children in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_ Have children had pets before? \_\_\_\_\_

Have all adults in the household agreed to this foster? \_\_\_\_\_ Is anyone in the household allergic to pets? \_\_\_\_\_

Please tell us about your current household pets:						
Name:	Breed:	Age:	DOG: CAT:	Gender: M/F	Spayed/Neutered: S/N	Vaccinated: Y/N
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever fostered an animal before? \_\_\_\_\_

If yes, name of facility or organization you fostered for: \_\_\_\_\_

If yes, what did you foster? \_\_\_\_\_

**Conditions of Adoption**

In consideration of the Southern Friends Animal Society (SFAS) agreeing to foster the animal described above to me, I understand and agree as follows:

**PLEASE INITIAL ALL BELOW**

- All foster animals will be spayed or neutered. If this has not already occurred before receiving the foster, I will coordinate with the foster counselor to have this done as soon as possible.
- To provide proper and adequate food, water, shelter, and kind treatment to the adopted animal at all times.
- To adhere to local laws regarding animal control.
- To help SFAS by photographing, videoing and sharing/networking the animal for adoption purposes.
- To aid in adoption of animals by making them available for adoption events and presenting them in a clean and well-cared -for manner during events and potential adopter meetings.
- SFAS is in no way responsible for any damage which the animal may cause to any person or property.
- SFAS is not responsible for any illnesses which were not known or readily apparent at the time of adoption.
- SFAS will be responsible for any veterinary bills incurred for initial shots and spay/neuter if not already completed, as well as any other veterinary needs upon approval from my foster counselor.
- To adhere to local laws regarding animal control.
- To transport your foster(s) to and from our veterinarian clinic, as well as any adoption events scheduled by SFAS.

The issues above have been discussed and agreed upon by the Foster.

Foster's Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Foster Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_