

Humane Society of the Delta
PO Box 3218
West Helena, AR 72342
(870) 753-2119

www.humanesocietyofthedelta.org
Email: info@humanesocietyofthedelta.org

Foster Animal Application and Contract

PO# _____
Date: _____

Name :(print) _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security #: _____ Drivers License #: _____ Birth date: _____

Directions to Your Home: _____

Your Foster animal's name is: _____

Medical history is: Test on _____ for _____

Worm prevention medication was given on: _____, last dosage on: _____

Medical needs are: _____

Dog, Cat, other _____ Male or Female: _____ Age: _____ Breed: _____

Description: _____

Description of behavior: _____

Foster Animal Application Approved By: _____ Date: _____

Comments: _____

Date Foster Animal Returned: _____ Reason Why: _____

Veterinarian's name and phone number: _____

Have your current animals been spayed or neutered? Y__ N__

Tested: _____

Current Vaccinations: Y__ N__

PLEASE BE ADVISED THAT YOU ARE SIGNING A LEGAL, BINDING CONTRACT.

You may not sell, give away, or abandon this animal. Please return this animal to the Humane Society of the Delta in the event that you are unable to care for it, for any reason.

YOUR RESPONSIBILITIES INCLUDE: Provide food, water, and shelter at all times. Obey local, state and federal laws regarding testing, vaccinations, and sterilization. Cooperate with follow-up efforts of the Humane Society of the Delta. Absolve, released and hold harmless the Humane Society of the Delta any responsibility for damage to person or property, cost or expense caused by the animal.

Your Signature: _____ Date: _____

WE SINCERELY THANK YOU FOR "CARING TO BE AWARE"