



## Save A Pet Florida, Inc.

P.O. Box 2444

Palm Beach, FL 33480

561-835-9525

saveapetflorida@gmail.com

### Foster Care Agreement

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Driver's License # \_\_\_\_\_

What do you prefer to foster? ( ) Dog ( ) Cat

Have you considered that serving as a foster caregiver carries with it certain time requirements and responsibilities? ( ) Yes ( ) No

Are other members of your household aware that you are willing to provide temporary housing to pets?

( ) Yes ( ) No ( ) Live alone

Are you employed? ( ) Yes ( ) No Hours per week \_\_\_\_\_

How many hours will the pet be left alone? \_\_\_\_\_

Are any household members allergic to animals? ( ) Y ( ) N

Number of children and their ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you: own or rent (circle one)

Type: ( ) House ( ) Apartment ( ) Condo

If you rent we must see a copy of the lease that states you can have pets.

Do you have pets? How many? \_\_\_\_\_ What Kind? \_\_\_\_\_

\_\_\_\_\_

Are your dogs cat/dog friendly? ( ) Y ( ) N

Are your pets current on all their vaccines? ( ) Y ( ) N

Who is your Vet? Name \_\_\_\_\_ Phone \_\_\_\_\_

Foster cats must be kept indoors. Foster dogs may be loose outside in a fenced in area or walked on a leash. Dogs MAY NOT be left outdoors all day or overnight, they are to remain in the house except for playtime, walk time & potty time.

Please list at least two people who can verify your experience with animals.

NAME:

ADDRESS

PHONE:

1: \_\_\_\_\_

2: \_\_\_\_\_

**Please read & initial each of the following lines, indicating that you agree to abide by the terms below:**

\_\_\_\_ The number of animals I may foster and amount of time I may foster said animals will be determined at the sole discretion of Save A Pet Florida.

\_\_\_\_ I understand that veterinary medicine and care will be provided by Save A Pet Florida.

\_\_\_\_ It is my responsibility to adhere to any veterinary appointments made for the foster animal.

\_\_\_\_ I will adhere to the de-worming protocol established by the group to protect my foster pets from internal parasites.

\_\_\_\_ I will notify the Foster Coordinator of any missing, hurt or sick pet and will administer proper care and medicines to sick animals as directed by Save A Pet and or their veterinarian.

\_\_\_\_ Save A Pet will provide all crates, bowls, collars, leashes, litter box, litter and food for foster pets. Upon termination of my time as a foster parent, I agree to return all items provided by Save A Pet.

\_\_\_\_ I understand that any animal has the potential to bite, injure or even cause death to another animal or human being.

\_\_\_\_ I will take every effort to be a responsible foster parent and will not hold Save A Pet Florida accountable for any action by the foster pet while under my care.

\_\_\_\_ I agree that it is my responsibility to make available for adoption any and all pets in my care when and where Save A Pet tells me.

I certify that all statements and answers on this application are true:

X  
\_\_\_\_\_

Date: \_\_\_\_\_