



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

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: _____