



## Save A Pet Florida, Inc.

P.O. Box 2444

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saveapetflorida@gmail.com

### 'Foster to Adopt' Agreement

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

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

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

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

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

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

What animal do you want to foster to adopt?  Dog  Cat / Name of the animal \_\_\_\_\_

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

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

Type:  House  Apartment  Condo

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:**

\_\_\_\_\_ I understand that the animal I am fostering has not been sterilized and same will be provided by Save A Pet Florida at a future specified date.

\_\_\_\_\_ I understand that the ownership of my foster animal remains with Save A Pet Florida until the animal has been sterilized, the adoption fee has been paid to Save A Pet, and the adoption contract has been executed by both parties.

\_\_\_\_\_ I agree to adhere to any veterinary appointments made for the foster animal and will return the animal to a Save A Pet representative on or before the specified date of the appointment.

\_\_\_\_\_ I agree to provide proper care and nourishment of the animal and will notify Save A Pet if my foster animal becomes hurt, sick or missing. I will administer medicines to sick animals as directed by Save A Pet and or their veterinarian.

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

\_\_\_\_\_ I will make 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 certify that all statements and answers on this application are true:

X \_\_\_\_\_

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