



Save A Pet Florida, Inc.

P.O. Box 2444

Palm Beach, FL 33480

561-835-9525

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: _____