



FOSTER CARE APPLICATION

Rescue Name: Freedombridgeanimalrescue-nc (501c3)

I, _____ (name of foster applicant), agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to foster one or more animals through FreedomBridgeAnimalRescue-NC's foster care program.

Full Name: _____

Address: _____

City: _____ State: NC Zip: _____

Preferred Phone Number: _____ Cell _____ Landline _____

Email address: _____

Name, address and telephone number of my employer (or business, if self-employed) Business

Name: _____

Address: _____ Position Held: _____

City: _____ State: _____ Zip: _____ Length of

time with this employer: _____

Number of animals I can foster: _____

I have a preference for a specific animal(s): *Yes No

*If yes, please write here:

If no preference related to specific animal posted, please note if there are any restrictions we should know (e.g.: No dogs over 30lbs; Breed restrictions, etc)

It is preferred that foster pups learn to sleep in their crates. Do you have concerns with this:

Yes No (if Yes please describe)

Where do you plan to keep the pup (all dogs are pups), during the day if/when you are not home?

I understand that Freedombridgeanimalrescue-NC (FBAR-NC) is very concerned about the security and safety of my foster animal and all animals in its custody, as well as its ability to keep track of all animals rescued.

I understand that it is my responsibility to communicate in a timely fashion when notified by FBAR-NC personnel and/or notify immediately with any concerns. My preferred method of communication (Please check one):

Email:____ Text:____ Phone Call_____

I own my home and permitted to bring an animal or animals into my dwelling: ____Yes ____No

I rent my home and am permitted to bring an animal or animals into my dwelling ____yes **
____no

**LandLord's Name: _____ Phone: _____

Any breed restrictions? _____ No _____ Yes*

* Please list breeds restricted _____

Do you currently own a pet? Yes* No

IF no, have you owned a pet in the last 5 years that is no longer living? Yes* No

If Yes*, please list pets breed/name/shots/neuter status:

NAME	AGE	BREED	NEUTERED Y/N	UTD ON SHOTS Y/N	HW PREVENTATIVE Y/N	Vet (name and contact info)

*IF ANY NOs IN COLUMNS 4-6 PLEASE PROVIDE EXPLANATION:

I authorize a representative of FBAR to contact the veterinarian office named above to confirm the care and management of my pets. Yes No

Percentage of time s/he spends outside? _____

Where s/he sleeps at night? _____

Where s/he stays when I am not home? _____

Are there any individuals living in the home under the age of 18 years? Yes No

Name / Age	Relationship

Please list 2 references (not related):

Name	Contact Info	Relationship

IMPORTANT INFORMATION TO READ:

I understand a FBAR-NC representative will visit my home for a home inspection before my foster application is approved. This foster agreement represents the legal contract between a foster caregiver and FBAR-NC. I understand that if I am approved to foster an animal, I will agree to all terms within this application.

I understand that FBAR-NC will not share this information for any reasons to any that are not connected to the foster care program and/or applicable lawsuits.

I hereby understand that FBAR-NC has obtained this animal from the shelter stated above and may have no prior information of age, breed, health issues, training, registration or other. Any information shared by FBAR-NC is of own experience or that provided from the shelter obtained and makes no warranties of any kind concerning the pet.

I understand that FBAR-NC requires any and all pets under their ownership (who I am fostering) MUST be crated when not under supervision.

I understand that by filling out and signing this form, I agree to release and to hold harmless FBAR-NC and its members from any liabilities or damages that may be incurred while the dog is under the foster care of FBAR-NC awaiting permanent placement.

I have read this Application in its entirety, agree to all noted, and I agree that all statements contained in this document are made by me and are truthful. **Please see attached Foster addendum

Foster Signature: _____ Date: _____

Printed Name: _____

Approved: Yes ___ No ___