

Foster Contract

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work/Cell: _____

Email: _____

Name & Phone of contact person that can always reach you:

Why do you want to foster? _____

What types of pets do you have experience with? _____

What breeds do you have experience with? _____

Do you have any pets now? _____ What types and ages? _____

Are they spayed/neutered and up to date on shots? _____

Do you own your home? _____ Rent? _____ If you rent, please provide name and phone number of landlord: _____

How many members in your household? _____ Children/Ages:

Is there someone home during the day? _____ How many hours will pet be left unattended? _____

Is your yard fenced? _____ If yes, what type of fencing? _____

Have you ever crate trained a dog? _____

Are you willing to housetrain a pet? _____

When would you be ready to get your first foster? _____

What type and size pet are you willing to foster? _____

How long would you keep a foster pet? _____

Do you agree to keep a collar with the SH id tag on at all times? _____

Do you agree to immediately notify Laura Sollers of Safe Haven if the pet gets lost or stolen? _____

Do you agree to keep your foster dog on a leash at all times while in an unfenced area? _____

Are you willing to bring your foster pet to any functions where highlighting our rescue pets is scheduled? _____

References:

Please give name and phone numbers of two references that are not family members.

Name and phone number of the vet you use: _____

Safe Haven requires a home visit to see where the animal will be housed while in your care. We also want to see how the pet interacts in your home. This must be completed before the foster applicant is given said animal.

If you find that you cannot live without your foster once it is in your home, a foster is given first consideration to adopt that animal.

By signing below I agree to the following:

- * I acknowledge that all information given above is correct.
- * I agree to return the pet to Safe Haven upon request.
- * I am aware that I am not covered by workers compensation, medical or automobile insurance by Safe Haven.
- * I agree to keep confidential all information on applicants and adopters of Safe Haven. I will not discuss or release I information in verbal or written manner.
- * I agree to feed, water, exercise, make and keep vet appointments for my foster pet as long as it is in my care.
- * I agree to notify Safe Haven immediately if my foster pet becomes injured or sick.

Signature: _____ Date: _____

Safe Haven
HC 1 Box 1654
Blakeslee, PA 18610
570-646-4652