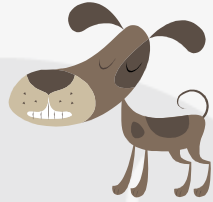


FOSTER FAMILY APPLICATION

Animals' name you are interested in fostering: _____

Date: _____



Name: _____

Age: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Names & ages of everyone in your household: _____

Do you: Rent Own

If you rent, please list landlord's name and phone number: _____

How many hours a day are you away from home? _____

List the animals you currently own:

Dog/Cat Name: _____ Age: _____ Breed: _____

Dog/Cat Name: _____ Age: _____ Breed: _____

Dog/Cat Name: _____ Age: _____ Breed: _____

Veterinarians Name and Phone Number: _____

ROYAL OAK
ANIMAL SHELTER



OVER

Please initial:

_____ I understand that this dog belongs to the Royal Oak Animal Shelter and cannot be taken to any other shelter

_____ I will notify the Royal Oak Animal Shelter if I can no longer care for this animal

_____ I understand that there may be a wait before I can bring back an animal that I can no longer care for

_____ I understand that I may have to foster this dog for several weeks or months

_____ I understand that the Royal Oak Animal Shelter has little background information about the dog I am fostering

_____ I will not hold the Royal Oak Animal Shelter responsible for any damages that may occur while I am fostering a dog

_____ I understand that I must be available week day evenings for adoption appointments

_____ I will help teach the dog basic obedience and manners to the best of my abilities

_____ I will not neglect or abuse any dog that I am foster or leave him/her outside alone all day

_____ I will provide daily exercise for this dog

_____ My yard is secure and I will monitor the dog outside so he/she does not escape

_____ I will immediatley notify the Royal Oak Animal Shelter if the dog shows any signs of illness or is injured

_____ I will use North Main Animal Hospital for any medical attention the animal may require

I agree that the above statements are true

Name

Date



THANK YOU!