



SAVING PRECIOUS LIVES, ONE DOG AT A TIME.

FOSTER APPLICATION

Please complete this application and return it to Cape Fear Rescue League (CFRL). Our Foster/Adoption Coordinator will be in contact with you as soon as possible with more detailed information. Please answer as honestly as possible. **None of the questions are meant to disqualify you from becoming a foster. Our goal is to make the best match between families and animals.**

Animal	
Name:	Age: years
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Breed:
Color:	

Applicant	
Full name:	
Co-Applicant's full name:	
Address:	
City, State:	Zip:
Home phone:	Cell phone:
Email:	
Place of Work:	
Work Address:	
City, State:	Zip:
Work phone:	Ext:

Applicant Household	
How many people are in your household?	Ages of minor children?
Ever owned a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever owned a cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	What happened to the animal(s) you've owned?
You live in a ____: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Trailer <input type="checkbox"/> Farm	You ____ your residence: <input type="checkbox"/> Rent your home <input type="checkbox"/> Own your home

www.cfrl.org
 PO Box 1991, Whiteville, NC 28472
info@cfrl.org

If **renting**, does your rental agreement/landlord state pets are allowed? Yes No

Approximately how long will the dog be left alone in a 24-hr period?

Currently, do you have any other pets in the household (dog, cat, bird, etc.)? If yes, please list the animal type(s); breed(s); whether they are spayed/neutered; and whether they are up to date on shots:

- 1.
- 2.
- 3.
- 4.

Have you ever fostered an animal? Yes No

If **yes**, please put the name and location of the facility or group on the appropriate line below:

- a. City/County Shelter: _____
- b. SPCA: _____
- c. Humane Society: _____
- d. Rescue Group: _____
- e. Private Shelter: _____
- f. Other: _____

Foster Responsibilities	
If necessary, are you willing to housetrain your foster dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, are you willing to crate-train your foster dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you may be required to take your foster dog for routine and emergency vet care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you may be required to meet with prospective Adopters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you may be required to transport your dog to adopt-a-thons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you will have to sign a Foster Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that CFRL will provide all vet care for the foster dog with our vet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that the foster dog is and will remain property of CFRL and NOT your dog and that any decisions pertaining to the health and well-being of the dog must be made with CFRL's concurrence and approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a Foster provider, do you understand that you will be expected to relinquish the dog to a qualified Adopter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please use this space to provide any additional information that you feel is pertinent:	

FOSTER AGREEMENT

This Agreement is entered into this date by and between Cape Fear Rescue League (“CFRL”) and the applicant (“Foster”) for the provision of the temporary care of a rescued dog awaiting permanent adoption, hereinafter referred to as “dog”.

Terms and Conditions:

1. Foster agrees to provide housing and care for the dog described above. CFRL agrees to pay for all food and medical costs incurred by this dog while it is in the care of Foster.
2. Foster agrees to keep the dog as an indoor companion and to keep this dog in a fenced yard or on a leash at all times when outside. Foster agrees not to leave the dog unattended outside either tied up or in a fenced yard when no one is home.
3. Foster agrees to bring this dog to veterinary appointments, adoption events, spay or neuter appointments or to allow CFRL to make alternate transportation arrangements for same. Foster understands that all puppies will be spayed or neutered prior to adoption.
4. Foster agrees to allow people whom CFRL has approved to meet the dog at their home or another location nearby. Foster agrees to facilitate these meetings and to answer questions by prospective adopters. Foster agrees to return phone calls or messages from CFRL within 24 hours.
5. Foster understands that CFRL retains legal control of this dog and Foster is not authorized to make any legal or medical decisions on his/her behalf. This includes administration of any medications to the dog as directed by CFRL or a certified veterinarian. If Foster is unable to complete this task they must contact CFRL immediately to allow replacement of the dog.
6. Foster agrees to keep this dog on a monthly heartworm preventative as well as flea and tick prevention provided by CFRL.
7. CFRL retains the right, in its discretion, for any reason, to retain physical possession of the dog at any time.
8. Foster certifies that information provided on this Foster Application is true and complete. You understand that falsifying information on this Foster Application or at any other time during this process disqualifies you from Fostering.
9. Foster authorizes your veterinarian to disclose your personal pet(s) complete health records to CFRL.
10. Foster certifies that no one residing in the household with the dog has ever been convicted of Animal Cruelty, Neglect or Abandonment.

Release of Liability:

I have read and fully understand the Foster Agreement. I understand that all work done with CFRL is at my own risk and agree to indemnify and hold CFRL, CFRL’s volunteers and any other CFRL representative(s) harmless for any illness that the dog may develop and/or any injury or damage this dog may cause once I have taken possession of the dog.

Applicant’s Signature:

Printed Name:

Date:

Co-Applicant’s Signature:

Printed Name:

Date:

CFRL Representative’s Signature:

Printed Name:

Date: