



SAVING PRECIOUS LIVES, ONE DOG AT A TIME.

FOSTER TO ADOPT APPLICATION

Please fill out this application as completely as possible and return it to CFRL via email or to the address above. Our Foster/Adoption Coordinator will be in contact with you as soon as possible with more detailed information. 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. Thank you!

ANIMAL

<hr/>		<hr/>
Name		Sex
<hr/>		<hr/>
Age	Breed	Color

APPLICANT

<hr/>		<hr/>
Name (First, Last)		Email
<hr/>		<hr/>
Home Address (Street, City, State, Zip)		
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<hr/>	<hr/>	<hr/>
Home Phone	Mobile Phone	Alt. Phone
<hr/>		<hr/>
Place of Work		Work Phone (include extension)
<hr/>		<hr/>
Work Address (Street, City, State, Zip)		

HOUSEHOLD

What most closely describes your type of home?	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhome
	<input type="checkbox"/> Condo <input type="checkbox"/> Trailer <input type="checkbox"/> Farm
Do you currently rent or own your home?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
If renting , does your rental agreement/landlord state that pets are allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
How many people are in your household?	
<hr/>	
List the ages of minor children in your household:	
<hr/>	
Approximately how long will the dog be left alone in a 24-hour period?	

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

PERSONAL HISTORY

Ever owned a cat or dog? Yes No

If **yes**, what kind(s) and what happened to the animal(s) you have owned?

Currently have any other pets in the household? Yes No

If **yes**, please list name(s), type(s), age(s), breed(s) and whether they are spayed/neutered and up to date on shots:

Have you ever "fostered" an animal? Yes No

If **yes**, list the name and location of the facility or group, and indicate what sort of facility/group it was by checking the appropriate box to the right:

Name, location

- Rescue Group
- Humane Society
- County Shelter
- Private Shelter
- SPCA

FOSTERING WITH CFRL

If necessary, are you willing to **housetrain** your foster dog? Yes No

If necessary, are you willing to **crate-train** your foster dog? Yes No

Do you understand that you may be required to take your foster dog for routine and emergency veterinary care? Yes No

Do you understand that you will have to sign a Foster to Adopt Agreement? Yes No

Do you understand that CFRL will provide all vet care for the foster dog with our vet? Yes No

Do you understand that the foster dog is and will remain the property of CFRL and is 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? Yes No

Please use this space to provide any additional information that you feel is pertinent:

FOSTER TO ADOPT AGREEMENT

Dog Name _____

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. As a Foster it is your responsibility to tell us when you need food. If you purchase items not provided that is at your own expense. We are a 501c3 and these items are tax deductible, so keep your receipts.
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 that it will not take puppies or dogs with health issues to public places.
4. Foster agrees to bring this dog to veterinary appointments, 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.
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. CFRL will provide and administer these preventatives.
7. Foster agrees to finalize adoption of the dog within 7 days of spay/neuter. If the foster does not adopt within that time the dog must be turned back in to CFRL for foster care and future adoption.
8. CFRL retains the right, in its discretion, for any reason, to retain physical possession of the dog at any time.
9. Foster certifies that information provided on this Foster to Adopt Application is true and complete. You understand that falsifying information on this Foster to Adopt Application or at any other time during this process disqualifies you from Fostering.
10. Foster authorizes your veterinarian to disclose your personal pet(s) complete health records to CFRL.
11. 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 to Adopt 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 _____ Date _____

Printed Name _____

CFRL Representative _____ Date _____

Printed Name _____