

FOSTER CARE APPLICATION

Rescue Name: Freedombridgeanimalrescue-nc (501c3)

I,(name of f		
made based on personal knowledge more animals through FreedomBridg		
Full Name:		
Address:		<u> </u>
City: State: NC Zip	o:	
Preferred Phone Number:	Cell	Landline
Email address:		
Name, address and telephone numb	er of my employer (or business, if se	If-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 anir	mal(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:YesNo
I rent my home and am permitted to bring an animal or animals into my dwellingyes **
no
**LandLord's Name:Phone:
Any breed restrictions?NoYes*
* Please list breeds restricted
Do you have a fenced in yard? Yes No If No, how are you planning on securing the animal
when outside for play or bathroom?
**If yes how tall Constructed of 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? YesNo If Yes*, please list pets breed/name/shots/neuter status:



Name	Age	Sex M/F	Breed	Dog/Cat/other	Neutered Y/N	UTD on Shots Y/N	HW Preventive Y/N	Vet Name and Phone #

^{*}IF ANY NOs IN COLUMNS 6-8 PLEASE PROVIDE EXPLANATION:

I authorize a representative of F care and management of my pe		_	office named above to confirm th
Percentage of time s/he spends	outside?		
Where s/he sleeps at night?			
Where s/he stays when I am no	ot home?		_
Are there any individuals living i	in the home und	er 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 No	