

PCA Rescue Foster Home Application and Agreement

Date: _____

PLEASE PRINT

Name _____
Address _____
City/State _____
Phone (H) _____
Email _____

EMPLOYMENT:

Company Name _____ Part time _____ Full time _____
Company Phone _____
Are you a student? Yes No If so, age? _____ Year in school? _____
(We cannot adopt animals to individuals under 18)

HOUSING:

House _____ Townhouse/Duplex _____ Apartment _____ Farm _____ Mobile Home _____
Fenced Yard (How high? _____) Do you yourself own this dwelling? _____
If you rent, give Landlord's name _____ Phone _____
Do you have your Landlord's permission to foster a pet? Yes No
How many people live in you unit? Adults _____ Children _____ Ages of children _____
If you have roommates, have they agreed to have this animal in their home? _____
Do you have grandchildren who visit often? Yes No
Does anyone in your housing unit have asthma or allergies to animals? Yes No

PETS:

Do you have any experience caring for a papillon? Yes No
If so, explain _____

Do you have any pets now or have you previously owned any pets ? Yes No
List type, name, sex (S/N), age and length of time owned for animals currently in your home. In order to foster for PCA Rescue, your animals must be current on their immunizations. Please include last immunization date for each animal:

Who is your veterinarian? _____

Name that the vet records are under: _____

Please turn over to complete page 2

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Please list below names, addresses and phone numbers of two local references. **These references cannot be family members or roommates.** Suggested references are supervisor at work, colleague, friend, and neighbor. If you listed a veterinarian on the first page, we will use them as a third reference.

Name _____
Address _____
Phone _____
Relation to you _____

Name _____
Address _____
Phone _____
Relation to you _____

If you live with your parents or other relatives for any part of the year, please provide their information as one reference.

Name _____
Address _____
Phone _____
Relation to you _____

By signing this agreement I understand that the animal(s) are in the loving care of PCA Rescue. PCA Rescue is responsible for ALL medical care this animal may require. The PCA Rescue Chair must APPROVE ALL veterinary care, with the exception of a severe emergency. I will not transfer this (these) animal(s) to a third party without PCA Rescue approval. I understand this animal is available for adoption and may be rehomed at any time. I will go through the standard adoption procedure if I choose to keep this animal. As a foster home, I am responsible to the PCA Rescue regional facilitator. I release PCA Rescue, its officers or agents from any and all actions, suits, claims and demands arising from this foster agreement, including damage caused by this animal to persons or property.

(Signature)

(Print name)

APPROVED BY: _____	PHONE: _____
DATE: _____	FOSTER HOME NOTIFIED
VERIFICATION OF LEASE OR PET AGREEMENT	CHECKED LIST
ADDITIONAL NOTES: _____	