



# COAL RIVER

HOLDINGS

FOSTER ANIMAL REQUEST FORM

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## 1. Foster Animal Information

Type:  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Color/Description: \_\_\_\_\_

Approx. Age: \_\_\_\_\_ Weight (if applicable): \_\_\_\_\_

- NO known bite history
- NO known aggressive or vicious propensities
- NOT a restricted, exotic, wild, venomous, or insurance-prohibited animal

Foster animals must comply with all CRH Pet Policy breed and insurance restrictions.

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## 2. Sponsoring Organization

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

- Placement documentation attached
- Vaccination records attached (if applicable)

*Private or undocumented fostering arrangements are not permitted.*

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## 3. Insurance Verification

- Active renters insurance policy
- Pet liability endorsement included
- Proof of coverage attached

Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Insurance must remain active for the entire foster period. Lapse results in automatic revocation.

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#### 4. Policy Acknowledgment

Tenant acknowledges and agrees:

- Foster animals are treated as pets under the CRH Pet Policy
  - Foster animals count toward total allowable pet limits
  - Tenant is fully responsible for all damage, odor remediation, pest treatment, injury, or property impact
  - CRH may revoke approval at its discretion
  - Unauthorized fostering constitutes a lease violation
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#### 5. Foster Term

**Requested Start Date:** \_\_\_\_\_

**Estimated End Date:** \_\_\_\_\_

Approval applies only to the specific animal identified above and does not automatically renew at lease renewal.

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#### 6. Fees (If Applicable)

Additional Pet Rent: \$ \_\_\_\_\_

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#### 7. Tenant Certification

I certify that the above information is accurate. I understand approval is discretionary and may be revoked for policy violations, complaints, damage, or insurance lapse.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### 8. CRH Office Use Only

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions (if any): \_\_\_\_\_

#### Internal Use Only – Approval Required Prior to Foster Placement