

**PARTNERS FOR PETS, INC.
APPLICANT INFORMATION FOR FOSTER**

Full Name: _____ Name of Spouse _____

Cell Number: _____ Home/Other Number: _____ Email: _____

Address: _____ City: _____ State _____ Zip _____

Do you Rent or Own your home? _____ If Renting, does landlord approve of pets? _____

Landlord Name: _____ Address: _____ Phone: _____

Do you have a fenced yard? _____ Describe living and play areas for pets: _____

Are there other pets in the home? _____ How Many? _____ Cats? _____ Dogs? _____

Breeds? _____ Are all pets spayed/neutered? _____

Are there children in the home? _____ How Many? _____ Ages: _____

Which type of fostering are you interested in? (Circle one answer below)

1. Foster to Foster — Want to help save a dog/cat but are not interested in adopting at this time.
2. Foster to Adopt — Would like to adopt a foster animal if it fits my family.

Date available to start fostering: _____ As a volunteer foster for Partners for Pets (P4P),

I understand and agree to the following:

- a. Foster animals may not be left with anyone who is not part of P4P,
- b. If I need to be away unexpectedly, I will notify P4P so a new foster within the program may be secured,
- c. I am not an employee, contractor or agent of P4P,
- d. I am part of the P4P volunteer foster network and agree to abide by all conditions and regulations,
- e. I understand that P4P will not provide pay or any other benefit to which an employee may be entitled,
- f. I will be fostering an animal which has been rescued from a shelter, animal control or other risky circumstances, and its full history is unknown,
- g. I assume the risk for any issues relating to temperament, disease, aggressive or unpredictable behavior, and other unexpected issues,
- h. I will notify P4P immediately should an issue arise with the animal in my care,
- i. For the purposes of fostering rescue pets for P4P, I release and hold harmless P4P, its officers, directors and volunteers from all liability and claims of personal injury, illness, property damage and expenses which may be incurred or arise from my activities as a fosterer,
- j. I understand that I am fostering these pets and acknowledge taking responsibilities for each of them,
- k. And, I will return these pets at the request of P4P at any time.

By signing below, I agree with the statements above, and I agree to Home Visits.

Print Name: _____ Signature: _____ Date: _____

Name of pet fostering: _____ Code: _____ Breed: _____ Sex: _____ S/N? _____

Return completed form to: Partners for Pets, Inc.
INCLUDE COPY OF 4011 Maintenance Dr.
DRIVERS LICENSE Marianna, FL 32448

Or email to: partnersforpetsmarianna@gmail.com