

**Note: If completing this form online. Save a copy and email it to the email address below.  
If you do not save it, the form will be blank and cannot be processed.**



FRIENDS OF THE FRIENDLESS  
P .0. Box 411, Lexington, MO 64067  
[lexingtonsaveanimals@yahoo.com](mailto:lexingtonsaveanimals@yahoo.com)



### Foster Contract

A completed contract is required for all foster homes! Approved foster contract will remain on file and transfer to any pet placed with said approved home. *Note:*  
In order for you to be considered for fostering, you must:

- Be 21 years of age.
- Have knowledge and consent of all adults living in your household.
- Have a valid ID and proof of current address.
- If renting, have consent of your landlord for a pet. This WILL be checked!

By my signature, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in the denial of my application.

Your full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ How long at current address? \_\_\_\_\_

If renting, name and phone number of land lord: \_\_\_\_\_

Apartment/House/Duplex/Trailer? \_\_\_\_\_ Fenced back yard? \_\_\_\_\_

Current pets in your home: \_\_\_\_\_

Are your current pets spayed/neutered, UTD on shots? \_\_\_\_\_

Are your pets on flea and heartworm prevention medications? \_\_\_\_\_

If so, what kind? \_\_\_\_\_

How much time will this pet spend alone per day (in hours): \_\_\_\_\_

How often will this pet be exercised? \_\_\_\_\_

Describe housetraining or behavior correction techniques: \_\_\_\_\_

Will this pet be primarily indoor or outdoor? \_\_\_\_\_

If outdoor, what safeguards are in place during inclement weather? \_\_\_\_\_

Please initial that you understand that a fostered pet from FOF can never be chained to anything outside for any other purpose than to potty and cannot be for longer than 1 hour in duration. If chained briefly, you acknowledge the pet still will have access to fresh water, food and shelter. By initialing, you are acknowledging you understand this condition and should FOF or Animal Control be notified the pet is being chained outside for extended periods of time, the animal is subject to being seized by Animal Control and returned to FOF. \_\_\_\_\_

If you are experiencing behavioral issues with a pet, are you willing to contact FOF to have a volunteer assist you with the issue before surrendering the animal? Yes \_\_\_ No \_\_\_

If you are experiencing behavioral issues with a pet, are you willing to contact FOF to have a volunteer assist you with the issue before surrendering the animal? Yes \_\_\_ No \_\_\_

By signing this application, I understand that should I no longer be able to care for my foster, FOF will be notified and advised of plans for the pet or for return to FOF.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

Date of application: \_\_\_\_\_

**To be completed by Friends of the Friendless Volunteer**

Application receipt date: \_\_\_\_\_ Accepted/Denied: \_\_\_\_\_

Reason for denial if applicable: \_\_\_\_\_

\_\_\_\_\_  
Name of person reviewing the application: \_\_\_\_\_