



FOSTER NAME(S): _____ PHONE: _____

FOUR CORNERS PET ALLIANCE – FOSTER PET RECORD

FOSTER'S DOG/CAT NAME: _____ CIRCLE ONE: CANINE / FELINE
(If litter, write "Litter of __ or mom's name")

RESCUE DATE: _____ RESCUED FROM: _____

HOW MANY [IF LITTER]: _____ If litter, how many shot bottles w/labels attached?: _____

APPROX. AGE WHEN RESCUED: _____ SEX: _____ FIXED (Y/N): _____

BREED: _____

COLOR/COAT LENGTH: _____

DEWORMED (Y/N): _____ DATE/TYPE OF TX: _____

TEMPERMENT: _____

GOOD WITH OTHER DOGS/CATS? _____

NOTES: _____

(If applicable) MAKE HEALTH CERTIFICATE OUT TO: _____

VACCINE AND VET VISIT RECORD

DATE / TREATMENT _____