

Cape Fear Rescue League, Inc.
P.O. Box 1991, Whiteville, NC 28472
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FOSTER APPLICATION AND AGREEMENT

(Additional copies of this form may be found on our website at www.cfri.org)

Please fill out this application and return it to CFRL via email or to the address above. Our Foster/Adoption Coordinator will be in contact with you as soon as possible with more detailed information. Please answer as completely as possible. None of the questions are meant to "disqualify" you from becoming a Foster - Our goal is to make the best match between families and animals. Thank you!

Animal Name: _____	Age: _____	Sex: M F
Breed: _____	Color: _____	

Applicant's Full Name: _____

Co-Applicant's Full Name: _____

Address: _____

City: _____ State: NC ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

A successful pet adoption depends on:

1. Selection of the right animal for the Adopter, and
2. The understanding of the animal's caretaking needs that the Foster provides.

As the Foster, your role is to assess the adoptability and behavioral characteristics of the dog while it is in a normal family environment. Please answer the following questions as completely as possible:

How many people are in your household? _____

Ages of minor children? _____

Approximately how long with the dog be left alone in a 24 hour period? _____

Place of Work: _____

Full Work Address: _____

Work Phone with Extension: _____

Have you ever owned a dog? Yes No Have you ever owned a cat? Yes No

If yes, what happened to the animal or any other animals that you have owned?

Do you have any other pets in the household (dog, cat, bird, etc.)? Yes No

If yes, please list name, animal type, age, breed, spayed/neutered and are they up to date on shots?_____

What most closely describes your type of home? (circle one)

 House Apartment Townhome Condo Trailer Farm

Do you currently own or rent your home? _____

If renting, does your rental agreement/landlord state that pets are allowed? Yes No

Have you ever "fostered" an animal? Yes No

If so, please put the name and location of the facility or group on the appropriate line below.

City/County Shelter:_____

SPCA:_____

Humane Society:_____

Rescue Group:_____

Private Shelter:_____

Other:_____

If necessary, are you willing to house train your foster dog? Yes No

If necessary, are you willing to crate train your foster dog? Yes No

Do you understand that you may be required to take your foster dog for routine and emergency veterinary care? Yes No

Do you understand that you may be required to meet with prospective Adopters? Yes No

Do you understand that you may be required to transport your dog to adopt-a-thons? Yes No

Do you understand that you will have to sign a Foster Agreement? Yes No

Do you understand that CFRL will provide all vet care for the foster dog with our vet? Yes No

Do you understand that the foster dog is and will remain the property of CFRL and is NOT your dog and that any decisions pertaining to the health and well-being of the dog must be made with CFRL's concurrence and approval? Yes No

As a Foster provider, do you understand that you will be expected to relinquish the dog to a qualified Adopter? Yes No

Please use this space to provide any additional information that you feel is pertinent:

FOSTER AGREEMENT

This Agreement is entered into this date by and between Cape Fear Rescue League (“CFRL”) and the applicant (“Foster”) for the provision of the temporary care of a rescued dog awaiting permanent adoption, hereinafter referred to as “dog”.

Terms and Conditions:

1. Foster agrees to provide housing and care for the dog described above. CFRL agrees to pay for all food and medical costs incurred by this dog while it is in the care of Foster.
2. Foster agrees to keep the dog as an indoor companion and to keep this dog in a fenced yard or on a leash at all times when outside. Foster agrees not to leave the dog unattended outside either tied up or in a fenced yard when no one is home.
3. Foster agrees to bring this dog to veterinary appointments, adoption events, spay or neuter appointments or to allow CFRL to make alternate transportation arrangements for same. Foster understands that all puppies will be spayed or neutered prior to adoption.
4. Foster agrees to allow people whom CFRL has approved to meet the dog at their home or another location nearby. Foster agrees to facilitate these meetings and to answer questions by prospective adopters. Foster agrees to return phone calls or messages from CFRL within 24 hours.
5. Foster understands that CFRL retains legal control of this dog and Foster is not authorized to make any legal or medical decisions on his/her behalf. This includes administration of any medications to the dog as directed by CFRL or a certified veterinarian. If Foster is unable to complete this task they must contact CFRL immediately to allow replacement of the dog.
6. Foster agrees to keep this dog on a monthly heartworm preventative as well as flea and tick prevention provided by CFRL.
7. CFRL retains the right, in its discretion, for any reason, to retain physical possession of the dog at any time.
8. Foster certifies that information provided on this Foster Application is true and complete. You understand that falsifying information on this Foster Application or at any other time during this process disqualifies you from Fostering.
9. Foster authorizes your veterinarian to disclose your personal pet(s) complete health records to CFRL.
10. Foster certifies that no one residing in the household with the dog has ever been convicted of Animal Cruelty, Neglect or Abandonment.

Release of Liability:

I have read and fully understand the Foster Agreement. I understand that all work done with CFRL is at my own risk and agree to indemnify and hold CFRL, CFRL's volunteers and any other CFRL representative(s) harmless for any illness that the dog may develop and/or any injury or damage this dog may cause once I have taken possession of the dog.

Applicant's Signature _____ Date _____

Printed Name _____

Co-Applicant's Signature _____ Date _____

Printed Name _____

CFRL Representative _____ Date _____

Printed Name _____