



FOSTER APPLICATION

Contact Information:

Name(s): _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Alt Phone: _____

Emergency Contact Person: _____

Phone: _____ Relationship: _____

Contact Preference: Phone Call _____ Text _____ Email _____

Fostering Preferences:

Cats _____ Dogs _____ Other Small Animals _____

Male _____ Female _____ Age Preference: _____

Length of time available to foster: _____

Events Only _____ Whenever needed based on the shelter's occupancy _____

Current Pets in the Home:

1) Name: _____ Age: _____

Type: _____ Breed: _____

Male _____ Female _____

Indoor: _____ Outdoor: _____

Spayed _____ Neutered _____

Is this pet current on vaccines? _____

2) Name: _____ Age: _____
Type: _____ Breed: _____
Male _____ Female _____
Indoor: _____ Outdoor: _____
Spayed _____ Neutered _____
Is this pet current on vaccines? _____

3) Name: _____ Age: _____
Type: _____ Breed: _____
Male _____ Female _____
Indoor: _____ Outdoor: _____
Spayed _____ Neutered _____
Is this pet current on vaccines? _____

In consideration of Friends of Marshall Animals (FofMA) accepting my application for participation in their foster program, I agree to release and hold harmless FofMA from and against any and all loss, damage, claims, liability, costs, and expenses of any nature whatsoever, including without limitation attorneys fees and disbursements, arising from or occasioned by my participation in FofMA programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will notify FofMA officer immediately and seek any medical attention utilizing my own medical insurance.

I agree that FofMA may photograph my participation in this program, and I hereby release any such photographs to FofMA for use in its programs, publications, and purposes.

Signed: _____

Dated: _____