



www.prairiepawsrescue.com
prairiepawsrescue@hotmail.com

Foster Care Application
Prairie Paws Rescue
PO Box 1114
Jamestown, ND 58402-1114
(701) 320-4553

What are you interested in fostering?

Orphaned Kitten(s) _____ Orphaned Puppy(ies) _____ Pregnant Cat _____ Pregnant Dog _____

Adult Cat _____ Adult Dog _____ Military Cats _____ Military Dog _____

Foster Applicant's Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Are you a part of any animal organization? _____

If yes, which one: _____

Why would you like to foster? _____

Do you live in a: Condo/Townhouse _____, Apt. _____, Duplex _____

Mobile Home _____, House _____.

Do you: rent/lease _____ or own _____.

If you rent, is your lease monthly _____ or yearly _____.

Name of complex and/or association and phone number: _____

Rental- PET POLICY: please attach a copy _____

Do you have a fenced yard? Explain: complete, partial, wood, chain link, height etc, please describe:

How long have you been at this address? _____

How many adults reside at this address: _____

Are there children in your home: _____

If yes, how many and what are their ages? _____

Would there be anyone at home during the day? _____

Do you have any dogs and/or cats at home now? _____

1. Age ____ Breed _____ Sex ____ Licensed ____ Vaccinated ____ Name _____

2. Age ____ Breed _____ Sex ____ Licensed ____ Vaccinated ____ Name _____

3. Age ____ Breed _____ Sex ____ Licensed ____ Vaccinated ____ Name _____

Have you had other pets in the past five years? _____

What happened to them? _____

What animal hospital/clinic do you (or did you) use? _____

Where will the foster animal(s) be when no one is home? _____

Where will the foster animal(s) sleep? _____

Please provide TWO references with Name, Address and Phone Number:

1. Name _____

Phone _____

Address _____

2. Name _____

Phone _____

Address _____

I, _____, agree that all of the information which I have given above is correct as written and I authorize the Prairie Paws Rescue to verify any information.



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Foster Care Agreement
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Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I agree to the following conditions: (Please initial each)

1. ____ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies.
2. ____ [I understand the foster animal I'm caring for may be] to keep my pets separated from the foster animal for at least 10 days. If the foster animal is incubating any diseases this separation will minimize the chance of my pets becoming ill.
3. ____ Should the foster animal become ill while in my care, Prairie Paws Rescue must be notified and instructions will be given. In case of emergency, seek veterinary care.
4. ____ I fully understand that the foster animal is the property of Prairie Paws Rescue. Any decision made by Prairie Paws will be followed by me, regarding the return and/or disposition of the foster animal. If I am no longer able to care for the foster animal, it must be returned to Prairie Paws.
5. ____ I understand and acknowledge that I do not have any right or authority to keep or place foster animals in other homes or with other individuals.
6. ____ I agree to hold the Prairie Paws Rescue harmless from any direct or consequential damages arising out of the foster care arrangement.

7. _____ I understand that Prairie Paws Rescue is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.

8. _____ Prairie Paws Rescue is held harmless should any animal(s) or person(s) become ill or injured from a foster animal. I further agree to pay any veterinary and/or medical expenses incurred by the foster animal.

Signature: _____

Print name: _____

Date: _____

Print Name: _____

Additional Comments: