

# CARE Foster Form

1614 Doe Park  
San Antonio, Tax 78248

Approved \_\_\_\_\_

## Foster Application

Thank you for your interest in Cressie Animal Refuge and Enrichment Foster program. Please fill out and return the application below to the Foster Coordinator.

### Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Do you live in a house or an apartment? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

If renting please list the name and phone number of you landlord

\_\_\_\_\_

How many people reside in your house? \_\_\_\_\_

Are any of them children? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

Number of pets you currently have at home \_\_\_\_\_

Please list pets below:

Name	Type	Age	Sex	Altered	Licensed

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**We will need to verify that all of your animals are current on their vaccinations and has been altered.**

Our Foster Program is dedicated to placing healthy, adult, adolescent dogs and cats. Please let the CARE Coordinator know if there is type of animal you are unable to take into your home.

As a foster parent we ask that you participate in our adoption events by dropping off and picking up your pet.

You will notify CARE at once if the animal is hurt, lost or needs other medical attention.

You will not travel out of state with the animal without first notifying CARE of your trip.

You will not give the animal to someone else to care for without the approval of CARE.

As a foster you will provide all the supplies necessary to care for your pet.

You have been informed of all the background we have on the dog and will accept responsibility for having the dog in your home.

**I understand that this is a legal document and that, by signing below, I agree to, and am required to comply with, all of its terms and conditions.**

**I accept full responsibility for any and all consequences, including injury or damage to any person or property, arising from any failure to comply with those terms and conditions.**

**I agree that all of the information I have provided herein is correct as written and I authorize a CARE Foster Coordinator to verify any information.**

**We also require a copy of your driver's license to be attached to the application.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_