



FALLSTON ANIMAL RESCUE MOVEMENT

2725 Fallston Rd. Fallston, MD 21047
Phone: (410) 557-6161 Fax: (410) 630-7555
Website: http://fallstonanimalrescue.org/
Email: fallstonrescue@aol.com

Staff use only - please initial
V
P
B

FOSTER APPLICATION

Date:
Name(s) of adults in household:
Address:
City: State: Zip:
Home phone: Cell phone:
Email address:

Type of home: House Condo Apartment Mobile/Modular
Own Rent Please provide landlord or rental company name & number:
How long have you been at this address?

How many adults are in the household? Children? Ages?

Who will be responsible for taking care of the animal?

What type of animal are you interested in fostering? Dog Cat

Please give as much detail as possible about the requirements/personality of the animal you would like to foster:

Are you prepared for the time it will take to exercise, train, housebreak, socialize, and love a new pet?
Yes No Comments

Would you be willing to work with a dog with behavior issues? Yes No

If yes, do you have prior experience working with fractious/prickly behavior? Yes No

Would you be willing to work with a dog with medical issues? Yes No

Where will the pet be kept when no one is home? Inside Outside Crate Other

Where will the pet be when someone is home? Inside Outside Crate Other

How long will the dog be left alone at one time?

Do you have a fenced yard? Yes No Type: Chain link Privacy Split-rail Electric Other
How high is your fence? Is it secure? Yes No

Please list the pets you have had in the past 5 years (include on separate sheet if more than 6):

Table with 7 columns: Name, Type/Breed, Age, Sex, Spayed/Neutered?, Vax current?, Still have?, Status and 6 rows for Pet 1 through Pet 6.

Who is your regular Veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person under whom vet records can be found: \_\_\_\_\_

Personal reference 1: \_\_\_\_\_ 2. \_\_\_\_\_

Have you ever been charged or investigated for animal abuse, cruelty, or neglect? Yes  No

Are you willing to give the animal ample time to adjust to the new home/family members/environment?

Yes  No

How will you introduce the animal to existing cats/dogs in the home? \_\_\_\_\_

If you took an animal home and you were having issues in the first few days to weeks, would you be willing to try to work through the issues or would you return the dog? \_\_\_\_\_

Additional comments: \_\_\_\_\_

By signing this agreement, I acknowledge that I have read and understand the content of this form, and answered these questions honestly. I also understand that a Fallston Animal Rescue Movement (FARM) representative may call my vet and personal references to verify the accuracy of the information I have provided. At FARM’s discretion, a home visit may be required and/or a background check. None of the information found will be shared in any way and will be kept confidential.

I agree that FARM will approve and coordinate all medical and adoption decisions for the foster animal.

I agree that I will only use a FARM approved veterinarian (Madonna Vet & Animal Emergency Hospital) and may be held financially responsible for any decisions I make without consulting with a FARM representative.

I agree that I will abide by FARM’s policies and requirements regarding all aspects of the animal’s general care and home and surrounding environments.

I understand this animal may be promoted for adoption and I must regularly bring the animal to requested adoption events.

I agree that if I choose to adopt the animal, I will complete the adoption paperwork and pay the adoption fee.

If any of the information provided by the applicant is found to be untrue, or the animal is not properly taken care of per FARM standards, at any time, FARM may take back the animal.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*If you do not hear from a FARM representative within a few days, please follow up by email regarding status.\*\*

FARM notes:

**Fallston Animal Rescue Movement, Inc. (FARM)**

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**FOSTER LIABILITY RELEASE AND WAIVER**

**Animal's Name:** \_\_\_\_\_

**Breed of Animal:** \_\_\_\_\_

I am fully aware of the risks that all dogs and cats can pose and have chosen to view and/or interact with one or more dogs and cats in the care of Fallston Animal Rescue Movement, Inc. (The FARM) voluntarily.

I understand that any animal may be dangerous and knowingly assume all risks that exposure to dogs and cats may pose, including but not limited to serious bodily injury and/or death to people and damage to property without warning.

I hereby waive, release, discharge, hold harmless, and promise to indemnify and not bring suit against FARM, it's directors, officers, volunteers, staff, and all other agents and attorneys for any of the referenced parties, and any other parties acting for, on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or in directly in connection with, or arise out of my exposure to such dogs or cats.

I understand by signing this form that FARM transfers the full responsibility of the fostered animal(s) to me and makes no claims or representation regarding the health, behavior, or temperament of said animal(s).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ (FARM Representative)