

Critter Cavalry Rescue

608 Eastcastle Court
Franklin, TN 37069
Phone: (615) 661-5333
Fax: (866)-589-5389

FOSTER AGREEMENT

Thank you for offering to foster a pet from the Critter Cavalry Rescue (CCR)! Your complete and accurate answers to the following questions will help us to find a pet that best matches your preferences and your lifestyle.

If you encounter challenges with your dog or cat after you start the fostering process, Critter Cavalry Rescue is committed to working with you to seek solutions. Should you decide that you prefer to return your dog to Critter Cavalry Rescue, we would ask that you give us time to find another foster home as we do not have open spaces readily available the same day you might decide this is not the right situation for you.

Critter Cavalry retains sole ownership of the fostered pet and we ask that you not give it away, sell it, or decide to keep it without full disclosure to us of your intent. An adoption fee will be required from a foster home due to the expenses we will incur to care for the pet and vet it properly to good health. We will cover all vetting expenses at our own designated vet. You must not take your foster to a vet without first contacting us about the need and our approval and direction as to where to take the foster dog or cat. We cannot and will not cover vet expenses incurred without our knowledge.

IMPORTANT NOTE: Critter Cavalry Rescue reserves the right to approve or deny any application according to our adoption policies. Our only objective is to find good homes for the long-term wellbeing of our dogs.

**You must be 21 years of age or older in order to be considered as an adopter.
Please include a copy of your government issued ID or utility bill with your application for address verification.**

Date Submitted: _____ Your full name: _____

Which dog, or what type of dog, would you like to adopt? _____

Your Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

How long have you lived at this address? _____

How long do you plan on staying at this address? _____

Is your residence a: HOUSE APARTMENT CONDO MOBILE HOME OTHER: _____

Do you: own or rent If renting, does your lease allow pets? YES NO NOT SURE

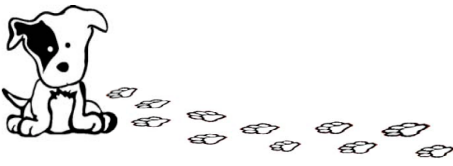
Landlord's Name and Phone Number: _____

Your Occupation: _____ Spouse's or Partner's Occupation: _____

Your Employer: _____ Spouse's or Partner's Employer: _____

Please list all animals living in your home:

Pet's Name	Dog/Cat	Breed	Age	Altered (Y/N)	Indoor (Y/N)	Other Information:
						Veterinarian Name:
						Veterinarian Number:
						Owner Name on Record:



Critter Cavalry Rescue

608 Eastcastle Court
Franklin, TN 37069
Phone: (615) 661-5333
Fax: (866)-589-5389

Other than the animals already listed, have you owned any other dogs within the last 10 years? If so please describe the type of dog, when you owned it, when and why you stopped owning it, and what veterinarian you used.

Please provide below the names and phone numbers of two personal references that you have known for more than three years. Only one of the two references may be a relative.

Reference Name	Phone Number (Including Area Code)	Relationship to you	Best time to call
1.			
2.			

Why do you want to foster a dog?

I have a: FENCED YARD DOG RUN STATIONARY TIE OUT
 INVISIBLE/UNDERGROUND FENCE OTHER: _____

If you have a fence, please indicate type and height? Type: _____ Height: _____

If you do not have a fence, how will you handle exercising and toilet duties?

How many hours each day will the dog be left alone?

Where will the dog spend the day when alone? LOOSE INDOORS CONFINED TO ROOM INDOORS CRATE INDOORS
 GARAGE BASEMENT FENCED YARD OUTSIDE RUN LOOSE OUTDOORS OTHER:

Where will the dog spend the time when you're home? LOOSE INDOORS CONFINED TO ROOM INDOORS CRATE INDOORS
 GARAGE BASEMENT FENCED YARD OUTSIDE RUN LOOSE OUTDOORS OTHER:

Where will the dog sleep at night? LOOSE INDOORS CONFINED TO ROOM INDOORS CRATE INDOORS
 GARAGE BASEMENT FENCED YARD OUTSIDE RUN LOOSE OUTDOORS OTHER:

From which rooms and areas of the house will the dog will be restricted? Please describe:

How many adults are in your home?

Ages:

How many children?

Ages:

What is the noise/activity level of your household?

Quiet Moderate
 Active Very Active

Signed by Foster:

Date: _____