

Please email completed form to kashcraft@cityofjeff.net

Name: _____

Address: _____

City/State/Zip: _____

Birth Date: _____

Phone Number: _____

Email: _____

Preferred method of communication: Call Text Email Any

Types of animals you are interested in fostering:

<input type="checkbox"/> Puppies	<input type="checkbox"/>	<input type="checkbox"/> Kittens
<input type="checkbox"/> Mom and Puppies	<input type="checkbox"/>	<input type="checkbox"/> Mom and Kittens
<input type="checkbox"/> Adult Dogs	<input type="checkbox"/>	<input type="checkbox"/> Adult Cats

Do you have any dogs as pets? If yes what are their ages? _____

Do you have any cats as pets? If yes what are their ages? _____

Are your pets spayed or neutered? _____

What type of home do you live in?

house condo apartment other

Do you own or rent? _____

If you rent please provide landlord contact information: _____

Are there any children in the home? _____

If so what ages? _____

Where will the foster animal(s) be kept when you are home?

Where will the foster animal(s) be kept when you are not home?

If necessary will you be able to keep the foster animal separate from your pet?

Are you able to transport foster animal(s) to and from JAS in necessary?

Please list any previous volunteer experience with animals.

Why are you interested in fostering?

Thank you for fostering a Jeffersonville Animal Shelter pet. Please read and initial the bulletins below, by doing so you are agreeing to all the terms and conditions.

___ I agree to always keep dogs on a leash if outside.

___ I will keep a collar and I.D tag on foster dogs at all times.

___ I agree to give proper care including adequate food, water and shelter.

___ All foster pets will be indoors.

___ I will let JAS know of any behavioral or medical problems as soon as possible.

___ I understand that JAS is contracted with certain vets and I will get prior permission before taking a foster pet to the vet.

___ JAS is not liable for any injuries or damages that may occur as a result of fostering.

___ I understand that the foster pet remains the property of JAS.

___ I understand the foster pet will be immediately surrendered to JAS upon request.

___ The foster pet cannot be transferred to another party or location without the approval of JAS.

___ Foster pets must be adopted under the approval of JAS. Please refer all potential adopters to JAS for approval.

___ I understand that all of my pets must be up to date on their vaccinations which includes Bordatella, Distemper/ Parvo and Rabies.

___ I understand that JAS is not responsible for my pets getting any type of illness from foster pets.

Signature

Date