

Pet Foster Application

1. Your Name: *

First Name _____ Last Name _____

2. Spouse/Partner Name: *

First Name _____ Last Name _____

3. Email: * _____

4. Address: *

Street Address: _____

City: _____

State / Province _____

Postal / Zip Code _____

5. Home Phone _____

Cell Phone _____

6. Are you 21 years or older? *(Yes / No) _____

7. Date of Birth: * ____/____/____

8. Driver's License # and State: _____

9. Marital Status: _____

10. Do you own or rent? * (Own / Rent) _____

11. Do you live near a busy highway? *(Yes / No) _____

12. How many adults are in your household? * _____

13. How many children are in your household? * _____

14. How many hours a day will animal be alone? * _____

15. How many hours a day will animal be alone? * _____

16. Do you object to an inspection of you premises by VAS representative? *(Yes / No) _____

17. How many pets are currently in your household? * _____

18. If you have a fenced yard, describe fence material and height: _____

19. Name of veterinarian: _____

20. Address: *

Street Address: _____

City: _____

State / Province _____

Veterinarian Phone Number: _____

21. May we call for a reference? _____
22. Have you ever surrendered an animal? *(Yes / No) _____
23. Have you ever fostered an animal? *(Yes / No) _____
24. Vas will provide food, vet care, vaccinations, spay or neuter, heart worm prevention, flea and tick prevention. Foster care duration can range from a few days to several weeks or possibly longer. Each situation is different. Are you willing to care for this animal in your home until and adoptive home can be found? *(Yes / No) _____
25. Are you willing to take foster animal to vet as needed? *(Yes / No) _____
26. Do you agree to keep a collar and ID tags on foster dog? *(Yes / No) _____

I certify the above information is accurate and complete to the best of my knowledge. I understand VAS has the right to reclaim the animal if any information given is false or if the animal is not being properly cared for according to the foster agreement. I authorize the release of veterinarian information related to current and past pets I have owned. This application is the property of VAS LLC.

- Name

First Name: _____

Last Name: _____

Date: ___/___/_____

- Name

First Name: _____

Last Name: _____

Date: ___/___/_____