

# Foster Request

## Form



### **Owner Information:**

Pet Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary contact in case of emergency: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

### **Pet Information:**

Name of Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Species: \_\_\_\_\_

Description (Breed/color/markings/etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Date: \_\_\_\_\_

Are basic vaccinations current? \_\_\_\_\_ If so, please provide the name, date, and expiration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated time period of fostering need: \_\_\_\_\_

Any behavioral/physical considerations (food aggression/joint issues/etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Vet Information:**

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

Practice: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Owner Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

List of current medication with dosage and instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agreement:**

I, \_\_\_\_\_, agree to provide financial and/or material compensation during the fostering period. I agree to purchase/build shelter and/or fencing required to care for the animal. I understand that THE HARTLY MEADOWS FOUNDATION is not responsible if the animal breaks the perimeter of the fence, or if the shelter or fence cannot withstand natural occurrences. The owner, named above, maintains ownership of any and all animals placed in our foster program and confirms they will contact THE HARTLY MEADOWS FOUNDATION and resume possession, or revisit the original contract at the end of the fostering time period. This agreement is designed to protect THE HARTLY MEADOWS FOUNDATION from any and all legal action regarding care of the fostered animal. The owner agrees to provide feed, medical needs, emergency care, and any other miscellaneous costs regarding the health and safety of the animal. THE HARTLY MEADOWS FOUNDATION agrees to provide day-to-day care for the animal listed on this form, including enrichment time. Any questions or concerns will be brought to the pet owner(s) in regards to animal safety and concerns. Failure to provide financial compensation by the end of the final foster agreement will result in either legal recourse or viewed as an act of surrender of the animal, which will be determined by the Board of THE HARTLY MEADOWS FOUNDATION.

I, \_\_\_\_\_, agree to allow THE HARTLY MEADOWS FOUNDATION to administer prescription medication as per the prescription bottle instruction, and any over-the-counter medicine as directed in the medication section of this form (as long as deemed appropriate by manufacturer's direction).

Signature of owner: \_\_\_\_\_

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

Signature of staff member: \_\_\_\_\_

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

***The Hartly Meadows Foundation***

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