



FOSTER CARE REQUEST FORM

(Completion of this form is not a guarantee of acceptance)

Our Case # _____

Owner's First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Power of Attorney's First Name: _____ Last Name: _____

Power of Attorney's Address _____ City: _____ State: _____ Zip: _____

Do you have the authority to Surrender/Foster Pet? Explain: _____

Owner's Phone : () _____ Power of Attorney's Phone: () _____

Email (Owner): _____ Email: (Power of Attorney) _____

What is estimated time needed for Foster? *Note: Pets being fostered for 6 months and beyond will automatically turn into a surrender for the Pet's mental and emotional well being.* _____

Reason for needing Foster Care? _____

-----TO BE FILLED IN AT TIME OF SURRENDER ONLY-----

Owner Admitted to: ☐ Hospice ☐ Nursing Home ☐ Memory Care ☐ Assisted Living ☐ Rehab ☐ Deceased

(Please provide corresponding paperwork to identify which facility the owner has been admitted to or attach Obituary.)

Pet's Name(s): _____

Breed(s): _____ Marking(s): _____ Pet's Age(s): _____

Is Pet Licensed? ☐ No ☐ Yes— License Number(s) _____

Year(s): _____ Where: _____

Medical Records Attached? ☐ Yes ☐ No – If No, are they available ☐ Yes ☐ No— Location of Records: _____

Is Pet Microchipped? ☐ No ☐ Yes -- # _____

Name of Microchip Registration: _____

Did owner get the Pet from a Rescue or Animal Shelter? ☐ No ☐ Yes— Name/Location/Date: _____

Does a Rescue/Shelter have any claim to this Pet? ☐ No ☐ Yes— Explain: _____

Is Pet : ☐ Housebroken ☐ Paper-trained ☐ Has accidents ☐ Crate Trained

Is your Pet social with other animals? _____

What were/are the wishes of the Pet owner concerning the Pet? _____

Does Pet have any medical issues that we should be aware of? _____

I understand that I must have Pet up-to-date on shots & veterinary care prior to Foster. ☐ No ☐ Yes

I understand that I must have current Medical Records for each Pet and I must have a Veterinarian fill out Veterinary Statement of Care/Health to be submitted to **For The Love Of Paws Senior Pet Sanctuary Inc.** ☐ No ☐ Yes

Has the Pet ever been aggressive or bitten/scratched anyone or other animal? ☐ No ☐ Yes—Explain: _____

Is Pet coming directly from the owner/caretaker/ or third party? Explain: _____

Has Pet lived in the same household with other: ☐ Dogs ☐ Cats ☐ Birds ☐ Other animal(s): _____

☐ Children-- Ages: _____

Is there anything else you would like to tell us or explain to us? _____

I hereby certify that the animal ☐ has not ☐ has bitten/scratched a human or another animal within the past 10 days and is under no quarantine, surrender, or court order. **Please Initial:** _____

I hereby certify that I am the rightful owner/keeper/caretaker/custodian/executor of the Pet(s) who is/are the subject of this Pet Owner's Form, hereinafter referred to as "Pet." If accepted, I hereby surrender any and all property rights to this Pet described if still in Foster after 6 months.

Please Initial: _____

I certify that no other person has a right of property to this Pet. I also certify and attest that there are no outstanding Fees, Penalties, Fines, or any other obligations attached to or associated to this Pet and if there are affirm my personal liability to them up to the date of Foster of this Pet to **For The Love Of Paws Senior Pet Sanctuary Inc.** **Please Initial:** _____

I understand that if accepted into Foster beyond 6 months I am surrendering my property right to this Pet, the Pet will be transferred into the custody of **For The Love Of Paws Senior Pet Sanctuary Inc** who may place the Pet into one of their approved Foster Homes, keep the Pet at their Sanctuary or may adopt into an approved "Forever" home. **Please Initial:** _____

I understand that if accepted as a foster, depending on recovery issues of the owner, all animals that are in our foster care program after 6 months will automatically be surrendered to **For The Love Of Paws Senior Pet Sanctuary Inc.** to live out the remainder of their years. These terms are based on the physical and mental well being of Pet(s) after becoming accustomed to our **For The Love Of Paws Senior Pet Sanctuary Inc.** family and sanctuary. Owner agrees by these terms that all property ownership of Pet(s) is final. **Please Initial:** _____

I further Authorize the Examining Veterinarian to provide and discuss any medical issues, concerns or results from past or current physical examinations of this Pet with **For The Love Of Paws Senior Pet Sanctuary Inc.** **Please Initial:** _____

Printed Name of ☐ Owner ☐ Power of Attorney: _____

Signature: _____ **Date:** _____

FTLOP Representative Name: _____

Signature: _____ Date: _____

Comments: _____

Veterinary Statement of Care/Health

Name of Veterinary Clinic/Hospital/Facility: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Care/Examining Veterinarian and Hospital if different than above: _____

Please list the Vaccinations Shot Record and Dates for the Pet(s) or attached medical records *(must be current)*:

Please list the Health/Medical Conditions/Issues of this/these Pet(s) and your statement of Health and/or recommendations:

Heart worm: ☐ Negative ☐ Positive Date of Test: _____

Parasite: ☐ Negative ☐ Positive Date of Test: _____

FIV (Feline immunodeficiency virus): ☐ Negative ☐ Positive Date of Test: _____

FeLV (Feline leukemia virus): ☐ Negative ☐ Positive Date of Test: _____

Any medical conditions or issues that we should be aware of: _____

Signature of Examining Veterinarian: _____ Date: _____