



Best Friends of Pets FOSTER CARE APPLICATION

Best Friends finds caring homes for pets through our adoption outreaches and postings online.
Foster caregivers provide a temporary home and care for pets until they are adopted.
If accepted as a foster caregiver, you may be fostering for Best Friends or one of our adoption partners.

Date: _____

Type of pet(s) to be fostered:

Kittens(s) _____ Adult Cat _____ Puppy(s) _____ Adult Dog _____
Size: Small [] Medium [] Large [] Extra Large []

Name: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Birthdate: _____

1) Why would you like to foster? _____

2) Do you live in a: House [] Apt. [] Other [] _____
Do you: Own [] Rent [] Live with Parents []
If you rent, do you have approval from your landlord to have pets? Yes [] No []
Name and phone number of landlord: _____
How long have you been at this address? _____
Do you have a fenced yard? Yes [] No [] How High? _____
Type of fence: Wood [] Chain Link [] Other [] _____

3) What are the ages of other people living with you? _____

4) Do you have any dogs and/or cats at home now? Yes [] No []

1. Name	_____	Age	_____	Breed	_____	Sex	_____
2. Name	_____	Age	_____	Breed	_____	Sex	_____
3. Name	_____	Age	_____	Breed	_____	Sex	_____
4. Name	_____	Age	_____	Breed	_____	Sex	_____

Are all your pets spayed or neutered? Yes [] No []
If your pets are not spayed or neutered, why not? _____

Are all your pets current on their vaccinations? Yes [] No []
Do your pets get along with dogs? Yes [] No []
Do your pets get along with cats? Yes [] No []

5) Have you had other pets in the past 5 years? Yes [] No []
1. Age _____ Breed _____ What Happened? _____
2. Age _____ Breed _____ What Happened? _____

6) Name of your Veterinarian: _____
Clinic Name: _____
Clinic Address: _____
Clinic Phone Number: _____

7) Where will your foster pet(s) be when no one is home?
Indoors [] Outdoors [] _____

Where will your foster pet(s) sleep?
Indoors [] Outdoors [] _____

8) Are you a part of any animal organization? Yes [] No []
If Yes, Which one: _____

I, _____, agree that all of the information which I have given above is correct, and I authorize Best Friends or its adoption partner to verify any information.

Signature _____ Date _____

Approved: _____ Date: _____
Best Friends or Adoption Partner Representative

Return Application and Agreement to

Best Friends
PO Box 415, Oklahoma City, OK 73101-0415 or info@bestfriendsokc.org

Questions? Call Best Friends at (405) 629-6795 or email info@bestfriendsokc.org.

Best Friends of Pets FOSTER CARE AGREEMENT

I, _____, agree to the following conditions: (Please initial each)

1. _____ I certify that my own pets are up to date on his/her vaccinations, including rabies.
2. _____ I agree to keep my pets separated from the foster animal(s) as much as possible. If the foster animal is incubating any diseases, this separation will minimize the chance of my pets becoming ill.
3. _____ I agree to provide the animal with good and loving care, including but not limited to food, water, shelter, and medication when required. I agree I will not use any potentially harmful methods (i.e., shock) to train the animal.
4. _____ I agree to allow the foster animal indoors when I am home or if the weather conditions require it. I agree the foster animal will be kept secure (in a fenced yard or on a leash) when outside.
5. _____ Should the foster animal become ill while in my care, I agree to call Best Friends or its adoption partner and take the foster animal to a veterinarian. Any non-authorized charges that may occur through a private veterinarian will be my expense. Deworming and vaccinations that are required during foster time will be provided through Best Friends or its adoption partner. I will be responsible for scheduling an appointment with an approved veterinarian.
6. _____ I agree to take the foster animal to adoption outreaches and/or return the foster animal as instructed.
7. _____ I understand that Best Friends or its adoption partner is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
8. _____ Best Friends and its adoption partner is held harmless should any animal(s) become ill from a foster animal. I further agree to pay any veterinary expenses incurred for my animal.
9. _____ I will allow Best Friends or its adoption partner to visit my home.

Signature: _____ Date: _____

Approved: _____ Date: _____
Best Friends or Adoption Partner Representative