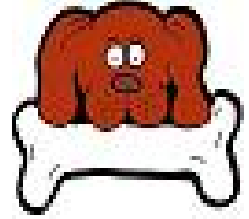


Franklin Animal Shelter

19 Rescue Road
PO Box 265
Franklin, NH 03235
(603) 934-4132



Animal Foster Care Application

Last Name: _____ First Name: _____ MI: _____

Addr St1: _____ Addr St2: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve Phone: _____ Cell: _____

Email: _____

Please indicate what type(s) of foster care you are interested in:

Animal: Dog Cat

Age/Condition: Nursing/Pregnant Youth less than 8 weeks

Youth over 8 weeks Adult

Special Needs Feral/Under-Socialized

Other _____

Do you have a specific animal in mind? Name: _____ FAS#: _____

Number of animals you want to foster. _____

Do you have previous fostering experience? Yes No

If yes, explain: _____

Do you own or rent? Own Rent

If home is rented, Provide Name/Address of Landlord: _____

Describe area(s) where animal(s) will be kept: _____

Current Pet Information

Total Number of Pets: _____ -

Number of Dogs: _____ # Spayed/Neutered: _____ # Vaccinated: _____

Number of Cats: _____ # Spayed/Neutered: _____ # Vaccinated: _____

Other animals in household: _____

Veterinarian name and address: _____

Are there children in the household? Yes No If yes, list ages: _____

List names and phone numbers of two references: _____

Have you been charged or convicted of animal abuse or neglect? Yes No

If so, explain: _____

I understand that if I am approved for fostering, I will be required to read and sign the **Foster Care Agreement** prior to accepting custody of the animal(s). This agreement represents a binding contract between myself and the Shelter.

I certify I have read this application in its entirety and that all statements made herein are truthful. I make this certification under the penalty of perjury under the laws of New Hampshire.

Printed Name: _____ Date: _____

Signature: _____

=====For Shelter Use Only=====

Approved Declined by _____

Comments: _____