



Senior Animal Rescue Network of Florida

floridaoldfriends@gmail.com

www.floridaoldfriends.com

Dunnellon, Florida

OFSARNOF Application to Foster

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____ Cell? Yes _____ No _____

How did you hear about us? _____

Are there any children in your home? If yes, please list their ages.

Types of animals you are willing to foster? (Check all that apply)

Dog _____ Cat _____ Poultry _____ Sheep _____ Goats _____ Horses _____ Other _____

If other, please list: _____

For dogs:

Preferred size of dog (check all that apply):

_____ Extra-large (over 80 pounds)

_____ Large (60 to 80 pounds)

_____ Medium (30 to 60 pounds)

_____ Small (under 30 pounds)

_____ No preference

For dogs and cats:

Which of the following are you NOT prepared to deal with (check all that apply):

_____ Mobility problems

_____ Blindness

_____ Deafness

_____ Medical issues requiring regular medication.

_____ Medical problems requiring regular shots.

_____ Incontinence.

_____ Other. If other, describe: _____

Do you have stairs in your house or entrance/exit to yard? _____

Do you have a securely fenced yard? If yes, please describe height and size. Fences are not a requirement but do help us know which dogs might not be a good fit for you.

How many hours a day will the foster be alone? _____

Where will the foster spend his/her days? Nights? Where will they be kept when you are not at home?

Are there other animals in your home? Please list and describe (type, breed, age, gender, spayed/neutered?) _____

For livestock and poultry:

How much acreage do you live on? _____

Describe your fencing: _____

What type of livestock and how many of each do you have? _____

Do you have a barn and/or other covered areas? Describe: _____

How many years' experience do you have keeping livestock and/or poultry: _____

For all potential fosters:

List Veterinarians who you have used in the past three years? Please provide contact information.

Do you have any questions or additional comments?

I have read and understand the questions and statements in this application. I certify that all the information contained in this application is true and correct and I understand the responsibilities I will undertake as a foster parent. I understand that although OFSARNOF takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that there exists a risk of injury or illness to my own or other animals, to me, my family and other persons who come into contact with any OFSARNOF animals, as well as risk of personal property loss or damage. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which OFSARNOF has asked me to provide care. I acknowledge that OFSARNOF is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement. I assume the risk of all injuries and/or property loss or damage in connection with my foster volunteer duties for OFSARNOF. I assume liability to provide adequate controls to prevent such damage or injury. I indemnify and hold harmless OFSARNOF from any negligence caused by me.

I hereby release OFSARNOF, its officers, directors, participants, volunteers and affiliates from any and all claims, actions, liabilities, damages and costs of any kind arising out of fostering, transportation or any other work or activity with any animals connected with OFSARNOF.

_____ Date: _____

Signature (must be 18 or older)