

Forrest City Area Humane Society

P.O. BOX 2091

1058 SFC 200

FORREST CITY, AR 72336

Phone 870-633-7036 (please leave a message)

Foster Animal Application *and Contract*

PO# _____

Date: _____

Name:(print) _____

first

middle

last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Driver's License #: _____ Date of Birth: _____

Directions To Your Home: _____

Your foster animal's name is: _____

Medical history is: Test on _____ for _____

Worm preventative medication was given on _____, last dosage on _____

Medical needs are: _____

Horse, Pig, Cow, Other: _____ Male/Gelding ___ Female ___ Age: ___ Type: _____

Description: _____

Foster Animal Application Approved By: _____ Date: _____

Comments: _____ Date Foster Animal Returned: _____

1. Veterinarian's name and phone number: _____

2. Have your current animals been: Spayed or Neutered Y__ N__

3. Tested: _____

4. Other: _____

PLEASE BE ADVISED THAT YOU ARE SIGNING A LEGAL, BINDING CONTRACT.

You may not sell, give away, or abandon this animal. Please return this animal to the FC Area Humane Society in the event that you are unable to care for it.

YOUR RESPONSIBILITIES INCLUDE: Provide food, water, and shelter at all times. Obey local, state, and federal laws regarding testing, vaccination, and sterilization. Cooperate with follow-up efforts of the FC Area Humane Society. Absolve, release and hold harmless the City of Forrest City and the FC Area Humane Society of any responsibility for damage to person or property, cost or expense caused by the animal.

Your Signature: _____ Date: _____

WE SINCERELY THANK YOU FOR HELPING US AND THE ANIMALS.

01/22/07