



Foster Application

Real County Animal Rescue
PO Box 192 / Campwood, TX 78833
www.realcountyanimalrescue.com

Email completed application to info@realcountyanimalrescue.com

Date: _____

Name: _____ Date of Birth (MM/DD/YY): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I am interested in fostering the following:

☐ Adult Dogs ☐ Puppies ☐ Bottle Babies ☐ Nursing mom with pups

I am interested in volunteering in the following areas:

☐ Driving dogs to vet appts ☐ Driving transports out of state ☐ Fundraising/Special events
☐ Social Media ☐ Clerical work

Are you active in any other animal rescue organizations? ☐ Yes ☐ No

If yes, which organization? _____

Do you own your home or rent? _____

If renting, please list landlord with phone so we may contact them.

Landlord: _____ Phone: _____

Do you have a fenced yard? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No If so, state issued? _____

Do you have current car insurance? ☐ Yes ☐ No

List current pets and include breed, age, size, indoor or outdoor, etc:

1. _____
2. _____
3. _____
4. _____
5. _____

Are all pets current on vaccines & spayed/neutered? (Please be specific) _____

Veterinarian name: _____ **Veterinarian Phone #:** _____

List number of adults in home: _____ **Number of children & ages:** _____

Please list two references who knows you well and can tell us about you (at least one who is not a relative):

	Name	Relationship to you	Phone #	How long?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Emergency Contact Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Relationship _____

Please initial each statement:

- I understand the temperament of the foster animal has been evaluated by RCARS volunteers to the best of their ability. If any behavior concerns arise, I will notify RCARS. _____
- I understand the foster animal will receive appropriate vetting as needed, including but not limited to vaccines, flea meds, deworming, etc. authorized by RCARS only. If any health concerns are noted, I will immediately notify RCARS. _____
- I will not have any vetting procedures done that are not authorized or approved by RCARS. _____
- I understand that we are agreeing to temporarily foster the animal until transport to rescue in NY can be arranged and that adopting/keeping the foster animal is not an option. _____
- If for any reason your foster animal needs to be moved or someone else will be caring for the animal, I will notify RCARS. _____

Signature: _____

Date: _____

Thank you for wanting to foster and help save a life! We are very grateful for your support. A volunteer will be in touch soon.