

Name _____
 Address _____ City _____ State _____ Zip _____
 Daytime Phone (____) _____ Evening Phone (____) _____
 Cell Phone (____) _____ Email Address _____

I wish to foster

Cats	Dogs	Both
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Please state any preferences (size, sex, etc.) for the pets you wish to foster.

Number of people living in home, listing children's ages:

Do you rent or own?

Proof of liability insurance is required.

Renters, attach a written statement of landlord's approval.

List all personal pets you currently own. Do you consider them submissive or dominant?

Breed	Age	Sex	Neutered	Current on vaccines	Dominant or Submissive
1)					
2)					
3)					

How many pets have you owned in the last five years? If they are no longer with you, what happened to them?

Is your yard fenced?

Chain link	Wire	Wood	Electric
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Are you available one Saturday each month for Outreach or other promotional events?

Will you be able to take the animals on home visits?

Have you ever attended obedience classes?

Who is your veterinarian? Name Address Phone

Who is your groomer (if used)? Name Address Phone

Why do you want to Foster?

Thank you for making a difference in the lives
of homeless pets!

Please return this form to:

Riverside Rescue, Inc.

ATTN: Foster Care

236 Riverside Avenue

Lunenburg, VT 05906