

Scarlet Paws Animal Welfare Network, Inc

P.O. Box 6009

Monroe Township, NJ 08831 U.S.A.

<http://scarletpaws.rutgers.edu>

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Foster Agreement

Name: _____ Date: _____

Home address (where pet(s) will reside): _____

Home phone: _____ cell: _____ email: _____

Names and ages of other residents where pet(s) will reside: _____

Residence: house: () | apartment: () | condo/townhouse: () Does your lease permit pets (yes/no)? _____

Are you currently: employed () a student () other () _____

Do you currently own other pets? If so, please list them here: _____

Will the foster pet(s) be isolated from other pets? If so, where: _____

Veterinary reference (name/address/phone number/email): _____

Personal reference (name/address/phone number/email): _____

I understand that all foster pets remain the property of Scarlet Paws Animal Welfare Network. I agree to permit board members to contact my references, verify the information this form and visit the foster pet(s).

I agree to keep the foster pet(s) for up to sixty days, giving it loving care, socialization, nutritious food, fresh water, and clean litter daily. The time frame may be extended by mutual agreement.

I will notify Scarlet Paws if I plan to be away from my home for more than one day, so that we can ensure there are arrangements for care of the foster pet(s).

If veterinary attention is required, I will immediately notify Scarlet Paws Animal Welfare Network, who will arrange for said care.

I understand that the foster pet(s) will be featured on the Scarlet Paws Animal Welfare Network website and mailing list, and at its adoption center and/or any adoption events to facilitate adoption.

I understand that should I be interested in adopting the foster pet(s), I will be required to follow Scarlet Paws Animal Welfare Network's pet adoption procedure, and will be responsible for the adoption fee (currently \$100 for one pet or \$150 for two pets together).

Sign Name

Date