

FLORA SHROPSHIRE ANIMAL SHELTER
Foster Care Form

Name _____ Date _____

Address _____

Phone _____

_____ Dog _____ Cat _____ Sex _____ Age

_____ Puppy _____ Kitten _____ Spayed/Neutered

Breed: _____ Color: _____ Size: _____

Coat: _____ Smooth _____ Curly _____ Long _____ Short

Other Comments: _____

Name of Animal: _____

I am fostering the above listed animal for the Flora Shropshire Animal Shelter of Harrison County. This animal shall belong to the Shelter unless officially adopted.

It is the policy of the Flora Shropshire Animal Shelter that all animals over the age of six (6) months shall be spayed/neutered upon release from the Shelter. I hereby agree that if I should decide to keep this animal, I will take the animal to be spayed/neutered when it is six (6) months old.

I agree to provide foster care for this animal for a period of 30 days.

By signing below, I agree to the terms stated above.

Signature of Foster Care Provider

Date

Animal Control Officer Signature

Date