



4525 W. Wendover Ave.  
Greensboro NC, 27409  
336-641-3400  
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Date: \_\_\_\_\_

### Guilford County Animal Shelter Foster Application

Foster families provide temporary homes for animals that are not ready to be adopted. Information about the care of these animals will be provided to new foster families.

Name: \_\_\_\_\_ Over 18? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have any experience fostering? If so, please explain: \_\_\_\_\_

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#### Pets in the home:

Name	Breed	Age	Vaccinated?	Spayed/Neutered?

Name of vet you use (if applicable): \_\_\_\_\_

What would you be interested in fostering? How many at a time? \_\_\_\_\_

\_\_\_ un-weaned kittens

\_\_\_ weaned kittens

\_\_\_ mothers with kittens

\_\_\_ un-weaned puppies

\_\_\_ weaned puppies

\_\_\_ mothers with puppies

\_\_\_ dogs/puppies needing medical treatment

\_\_\_ cats/kittens needing medical treatment

\_\_\_ dogs/puppies with behavior needs

\_\_\_ cats/kittens with behavior needs

## Guilford County Animal Shelter Foster Agreement

I, \_\_\_\_\_, do hereby agree to provide a temporary foster home for cat(s), kitten(s), dog(s), and/or puppy(ies) as assigned by the foster coordinator, shelter manager, or other authorized personnel. I understand that the time limit for the foster care will be discussed and can vary, depending on the needs of the animal. I understand that the animal will remain in my home for the entire foster period, but that Guilford County Animal Shelter will maintain ownership until the animal is placed into its adoptive home.

I state that I agree to provide humane and loving care to the animal. This includes food, water, shelter, socialization, and enrichment. I have been provided with the contact information of the after-hours veterinary clinic to use during true emergencies. Customary and reasonable veterinary care will be the monetary responsibility of GCAS, unless I so wish to incur the expense. I will bring the foster animal to GCAS for scheduled booster vaccines and rechecks, and will be provided antibiotics when needed by GCAS.

The treatment of acute or life-threatening illness is at the discretion of the medical staff and shelter manager. This includes the nature, duration, location, and denial of the treatment.

I release GCAS from any liability incurred as a result of my fostering animals. GCAS reserves the right to remove foster animals from a foster home at any time, should it be deemed necessary by the foster coordinator or shelter manager.

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**Foster home representative/date**

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**Staff witness/date**