



## *Kinder Harbors Animal Sanctuary*

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### Foster A Companion Animal Registration Form

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Animal Species You'd Like to Foster (list all):

\_\_\_\_\_

Address Where To Be Kept:

\_\_\_\_\_

Will The Animal Be Kept \_\_\_\_\_ indoors \_\_\_\_\_ outdoors \_\_\_\_\_ both \_\_\_\_\_

Please describe the atmosphere, conditions and environment the animal will be exposed to or live with:

\_\_\_\_\_

How long would you like to foster this (these) animal(s)? \_\_\_\_\_

Will you require assistance with regard to: Food \_\_\_\_\_ Medical \_\_\_\_\_

Protection \_\_\_\_\_ Other \_\_\_\_\_

Please provide two personal references with contact information:

\_\_\_\_\_

I (print name) \_\_\_\_\_

have agreed to foster an animal(s) for the period lasting from

\_\_\_\_\_ to \_\_\_\_\_

I realize that I must provide adequate food, water, shelter, medical attention and welfare for this animal(s) and I agree to do so. I agree to an inspection of my premises and to the care and welfare that I will be providing to the animal(s). I also understand that I will contact the animal protection organization who provided me with this animal(s) should I encounter any type of situation in which I cannot provide complete welfare to the animal as indicated in this agreement(s).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Kinder Harbors Animal Sanctuary, P.O. Box 833281, Richardson, Tx. 75083-3281

972.542.0330