

Spay, Neuter, or Adopt From A Shelter!



www.nafcanimalshelter.org

Foster Form

Name: _____ Home Phone: _____

Address: _____

Emergency Phone: _____

Agrees to foster the following animal:

ID #: _____

Name: _____

Species: _____

Breed: _____

Description (color, markings, etc.): _____

Sex: _____

I knowingly foster and am responsible for this animal at my own expense and risk. I agree to provide proper care for this animal. I understand that I must relinquish this animal back to the New Albany/Floyd County Animal Shelter within 24 hours of a request by the animal shelter for its return. I understand that I can return this animal to the New Albany/Floyd County Animal Shelter at anytime during normal working hours.

Signed: _____ Date: _____

Witness: _____

Deposit Amount: _____ Deposit Pd _____

Date Animal Returned: _____ Deposit Returned: _____