

Are your pets currently licensed? Yes

What pets have you had in the past? _____

What happened to them? _____

Vet Name: _____ Vet Office Phone Number _____

Health Care Provider: _____

Funds are limited for medical or behavioral issues. Can you accept the fact that some animals will not survive or may have to be euthanized and that this decision is up to BARCS staff? Yes

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process, and approval of a candidate and placement of animals is up to the BARCS staff? (Of course, we welcome your referrals) Yes

I have answered the questions above truthfully and completely. I understand that although BARCS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which BARCS has asked me to provide care. I indemnify and hold BARCS free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

Signature

Date

**Return application to:
BARCS**

Attn: Foster Program Coordinator
301 Stockholm Street
Baltimore, MD 21230

For staff only:

Approved ___ Yes ___ No Staff Initials: _____

Date: _____

Comments:

