

**Foster Application**  
**The Freckles Freedom Fund (FFF)**

This application is for the foster of the Pet listed below for a period of approximately 1 month. Applicant understands that the FFF will provide food, medicines, toys, and all necessary accessories for the Pet listed below. Should medical attention be required for this Pet, applicant agrees to immediately notify FFF and to take any and all necessary immediate action to stabilize the Pet.

Date of Application:	
Name of Dog:	
Your Name:	
Address:	
City/State/Zip	
Home Phone:	
Work Phone:	
Mobile Phone:	
Email Address:	
Do you Own or Rent?	Own                      Rent                      Other
If Other, please explain	
If Rent, Name of Landlord/Telephone Number	
How long have you lived at this Address?	
Is your Lease yearly, monthly, weekly?	Yearly              Monthly              Weekly              Other
If Other, please explain	
Type of Home (single family, condo, apt, townhome, etc.)	
Any association limitations?	
Fenced Yard?	
How many Adults reside with you?	

How many Children reside with you?	
Ages of any children	
Will there be anyone home during the day?	
Anyone in your household allergic to animals?	
Any pets currently in the home?	
Name/Breed/Age (include last vaccine/exam dates)	
How do you control for Heartworm, Fleas & Ticks?	
Name of your Veterinarian/Telephone Number	
Personal/local reference (please provide <b>two</b> ; Name, relationship, telephone number)	
Any other information relevant to application:	
<p>I represent that the information contained in this Foster Application is true and correct as written. I acknowledge that I am obligated to provide updated information to the Freckles Freedom Fund in the event of a change of circumstances at any time during the Foster. I further understand that if my application is approved and after the date of this Foster Application I am unable to keep the Pet named herein, I shall return the Pet to the Freckles Freedom Fund. Under no circumstances will I surrender, give away or sell this Pet without the express prior written consent of the Freckles Freedom Fund, which consent may be withheld for any reason whatsoever. I understand that the FFF may desire to see the pet and will contact the Foster to make such appointment.</p>	
Signature:	
Date:	
<p>Receipt of Foster Application acknowledged by the Freckles Freedom Fund. The Freckles Freedom Fund agrees to keep all information contained herein confidential and will not disclose any such information contained herein unless required by law or court process.</p>	
FFF Representative Signature:	
Date:	