



**H.O.P.E.**  
Homes for Orphaned Pets Exist

## Application to Provide Foster Care

*Please note: You must provide a valid form of photo identification*

Personal Information	
Name:	Spouse/Partner Name:
Street Address:	City, State, Zip Code:
County:	Housing Ownership: Own Rent    Housing type: Noise Level:
Home Phone:	Mobile Phone:
Email Address:	Previously fostered through H.O.P.E.? YES                      NO
Household Information	
Number of Adults in the Household:	Number of Children in the Household:
Ages of all Household Members:	
Pet Information	
Have you ever owned a pet before?: YES                      NO	If yes, what type(s)?:
How many pets do you own now?	What type(s)?:
Veterinarian Name:	Veterinarian Phone #:
Would you be willing to foster a cat over 5 years old? YES                      NO	Is there a specific animal you would like to foster?
Tell us about your perfect pet:	
<p>By signing this form, I affirm that I am 18 years of age or older and that the information contained on this form is true to the best of my knowledge. I understand that this form is informational only and that H.O.P.E. reserves the right to deny any request to adopt any animal for any reason or no reason. I understand that animal behavior is sometimes unpredictable and that some animals are capable of inflicting serious personal injury or death, as well as extensive property damage. I agree on behalf of myself and any minors accompanying me to be bound by the following:</p> <p>a) Agree that the actions of animals, such as the animals at H.O.P.E., are impossible to predict or control and may cause serious injury, including permanent disability and death due, but not limited to: bites, scratches, knock downs, slips, falls, fractured limbs, broken bones, concussions, contusions, dislocated joints and dismemberment. Further, there may be other risks not known to the undersigned, H.O.P.E., its officers, directors, agents, volunteers or employees or not reasonably able to foresee at this time.</p> <p>b) Assume all the foregoing risks and accept personal responsibility for the dangers following such injury, permanent disability or death.</p> <p>c) Release, waive, discharge and covenant not to sue H.O.P.E., its officers, directors, agents, volunteers or employees, all of which are in this paragraph and hereinafter referred to as "releasees" from liability to each of the undersigned, his/her heirs and next of kin for claims demands, losses or damages on account of injury, including death or property damage caused or alleged to be caused in whole or in part by the negligence of the releasees, the undersigned or otherwise.</p>	
Signature:	Date
Signature:	Date