

**Animal Rescue Movement**  
PO Box 30435  
Doctors Inlet, Florida 32030

## **APPLICATION FOR FOSTER CARE**

Animal Rescue Movement relies strictly on foster care to house and care for our rescued animals. Please carefully review the criteria listed below and then complete the following questionnaire if you would like to participate in our foster care program.

**Criteria:**

~ Foster parent must be willing and able to properly care for each pet placed in his or her care. This includes (but not limited to) feeding, bathing, socializing, training and administering medication (if applicable).

~ Foster parent must be available to transport pet to and from assigned veterinarian for scheduled appointments (if applicable) and/or emergency services.

~ Foster parent must be available to transport pet to and from adoption site(s) as scheduled.

~ Foster parent must provide safe and secure shelter\* for pet while in their care. Each pet must have proper identification (name, address, phone number) on its neck in case of escape. \*Pet crates will be provided for the duration of the pet's stay (if needed).

~ Foster parent must be willing and able to transport pet(s) requiring extensive care (i.e. mange, heartworm treatment, and starvation) to the assigned A.R.M. officer for weekly evaluation/progress report.

~ Foster parent must provide A.R.M. with advance notice (at least 7 days) if for any reason they can no longer foster a pet left in their care.

~ Foster parent\* will be responsible for "re-fostering" a pet should it be returned to A.R.M. \*If foster parent is at capacity with other A.R.M. animals, alternate arrangements will be made.

~ Foster parent will be responsible for handling "follow up" phone call(s) to adopter to ensure proper placement of animal was made.

If for any reason one or more of these conditions cannot be met, the foster care agreement will be nullified and the pet shall be returned to the care of an A.R.M. officer. If you agree to abide by the above criteria established for A.R.M.'s Foster Care Program, please designate by signing your name in the space provided below.

Signature Today's Date