



City of Jacksboro Animal Fostering Program Application

Please print:

Name _____

Mailing Address _____
City _____ ST _____ Zip _____

Street Address _____
City _____ ST _____ Zip _____

Telephone (Home/cell) _____ Work Number _____

Your email address _____

Are you 18 or older? Yes No I have a current & valid driver's license from (state) _____

Number of adults in your household _____ Ages _____

Number of children in your household (if any) _____ Ages _____

Do you own or rent the home in which you live? Own Rent

If renting, are you allowed pets? Yes No Are there restrictions on number/breed/size of animals? Yes No

If yes, explain _____

Landlord's name and phone number _____

Describe your yard: No yard Unfenced Partly fenced Completely fenced

Fence height at its lowest point: _____ feet. Made of: Chain Link Wood Block Other _____

How big is the fenced area? _____

Does anyone in your household have allergies that could affect fostering of pets? Yes No

Do you presently own pets? Yes No

If yes, please list breeds & ages:

Dogs _____

Cats _____

Other pets (birds, etc) _____ How many other pets? _____

Are your pets spayed or neutered? Yes No If no, why not? _____

Are your pets vaccinations current? Yes No If no, why not? _____

The City of Jacksboro requires all animals currently residing in your household to be up to date on vaccines. You may be asked to provide proof of vaccination records.

List any medical issues of your current pets _____

Your veterinarian's name and phone number _____

Please describe briefly why you would like to be a foster parent _____

Type of Animal preferred: Dog Cat Have you fostered cats or dogs before? Yes No

If yes, for what foster care program? _____

Please describe your level of animal handling experience:

Puppies & Dogs _____

Kittens & Adult Cats _____

Will you be able to separate foster animals from your own animals? Yes No

How many hours during each work day will a foster pet be without direct care? _____

Where will a foster pet stay while you are at work or when you are not home? _____

Where would a foster pet sleep at night? _____

What is the maximum time you are able to foster _____

If there is a time limit, please explain _____

Will you be able to transport your foster pet to/from pet adoptions/other events? Yes No

Do you have any objection to the City of Jacksboro Animal Control Officer conducting an on-site visit to your home where the foster animal(s) will be kept? Yes No

I have read and I understand the questions and statements above. I certify that all the information contained in this application is true and correct. I understand that although the City of Jacksboro takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which the City of Jacksboro has asked me to provide care.

Signature: _____ Printed Name: _____

Date: ____ / ____ / ____



City of Jacksboro Animal Fostering Program Contract and Liability Release

Please initial after each statement, stating that you understand and agree to the following:

The foster parent will provide food, litter, crates, bedding, toys and other items as needed for the animal while it is in your care at home. The foster parent is responsible for transporting the foster animals for vet appointments as required. initial

You will be expected to keep the foster animal safe and secure; return it to the City Shelter when requested to do so; not promise the animal to anyone or imply that you have the authority to approve a potential adoption. The City of Jacksboro retains ownership of all animals placed in foster care and will make all decisions regarding the adoption and placement of the animals fostered. initial

Foster services performed by an individual are voluntary and are without any express or implied promise of salary, compensation, or payment of any kind. initial

I further agree to the following:

To allow the City of Jacksboro to conduct a background check before approving the fostering of any animals. initial

To give my fostered animal proper and humane care, food, water, shelter, exercise and all other necessities. initial

To notify the City of Jacksboro immediately if the fostered animal becomes ill and requires veterinary care. initial

To call the City of Jacksboro immediately (940-567-6321) if I am unable to care for my foster animal for any reason. initial

To allow the City of Jacksboro to remove any foster animal, without any notice to me, from my home or premises if I do not comply with these terms. initial

By signing this agreement, I acknowledge the potential for risks and hazards connected with fostering an animal. I am fully aware that there may be risks and hazards unknown to me connected to fostering. I hereby elect to voluntarily accept the responsibility to foster this/these animal/animals and engage in activities associated with caring for the animal knowing that conditions may be hazardous, or may become hazardous or dangerous to me and others. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of fostering an animal.

I further hereby agree to indemnify and save and hold harmless the City of Jacksboro from any loss, liability, or damages that may incur due to my participation in this activity. I hereby release, waive, discharge and covenant not to seek legal action against the City of Jacksboro, its officers, servants, agents, and employees from any and all liability, claims, demands, action and causes of action whatsoever arising out of or relating to any loss, damage or injury, that may be sustained by me, or to any property belonging to me. It is my express intent that this release shall also bind all members of my household.

Signature: _____ Printed Name: _____

Date: ____ / ____ / ____

Return this application to: The City of Jacksboro, 112 W. Belknap, Jacksboro, TX 76458
Or email to: mbooherr@cityofjacksboro.com