



ANDERSON ANIMAL CARE & CONTROL

613 Dewey Street
Anderson, Indiana 46016
Phone: 765-648-6305 Fax: 765-648-6308



Foster Release Form

Pet Information

Animal's Name: _____ Breed: _____

Animal I.D. #: _____

Foster Information

I, _____ understand that the animal that I have agreed to foster for in my home, is the property of Anderson Animal Care and Control (AACC). I understand that AACC has made no promises or representations concerning the temperament of this dog. Further, I understand that no employee or volunteer of AACC will be responsible for any problems, damages or injuries caused by this animal while in my care. I am fully responsible for the well being of this animal and its actions while acting as a temporary guardian while the animal is in my possession.

If, for any reason, a problem would arise while the animal is in your care, the Foster Coordinator should be notified by phone as soon as possible. For foster care information, call Jenny Ellis _____ at 765-610-0307 or email sirtru45@aol.com.

I agree that items or supplies on loan to me while the animal is in my care belong to AACC and will be returned when the foster animal has been adopted or returned to AACC. Items include:

Print name: _____

Address: _____

City, State, Zip _____

Phone: _____ Cell: _____

Email address: _____

X _____ Date _____

Approved by: _____