

# Adopt A Stray Volunteer/Foster Application



Fax or mail completed application to: (954) 965-0406 or  
Adopt A Stray, PO Box 2266 Hallandale, FL 33008

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Age (if under 21) \_\_\_\_\_

How are you interested in helping?

- Animal caretaker     Fundraising     Administrative/Clerical  
 Transport animals to vet appts or adoption events.     Foster  
 Other \_\_\_\_\_

What hours are you available? \_\_\_\_\_

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If you selected foster above, please complete the following

How many adults are in your home? \_\_\_\_\_

How many children are in your home? \_\_\_\_\_ Ages \_\_\_\_\_

How many cats are in the home? \_\_\_\_\_ Dogs? \_\_\_\_\_

Do you  own     rent    If rent, name of landlord \_\_\_\_\_

Do you have spare room to isolate the foster during the introduction process?

- Yes     No

I have read the AAS foster contract and agree to the conditions outlined.

Signature: \_\_\_\_\_