

Foster Pet Application – 1600 Preston Road Resolution Worksheet

Date: August 18, 2021

Suggested Motion:

“I move to approve the foster pet at 1600 Preston Road”.

2nd:

Summary: The estimated stay time is three months.

Vote:

	In Favor	Opposed	Abstained	Absent
Scott Buchanan				
James Konkel				
Dave Bush				
Jeff Lisanick				
Robin Woods				
Peggy Clancy				
Claire Eberwein				
Peter Ferrell				
Hector Mares				

PARKFAIRFAX CONDOMINIUM ASSOCIATION
FOSTER REGISTRATIONDOG () CAT ☒ BIRD () OTHER () _____MALE () FEMALE ☒ BREED Domestic Short Hair DECLAWED Y ☒

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

White and orange tabby, green eyes, pink nose.Foster Parent Name: Rebecca Asch Home Phone: 3103678106Address: 1600 Preston Rd. Work Phone: _____Name Pet answers to: AlexExpected duration of stay (dates): 8/10/21
7/20/21 - adoption (unknown but estimated 3 months)**No pet (cat or dog) will be permitted on the Common or Limited Elements unless carried or restrained on a leash and under the direct control of a responsible person.**

By registration of the foster pet, I acknowledge and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets.

I also confirm that as of this date, the foster pet is current on all inoculations if required. I include with this application the contract I have with my fostering agency.

Foster Parent Signature: Rebecca Asch Date: 7/27/21

By my signature below, I as the Unit Owner, acknowledge that I am aware of and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets. I further acknowledge my responsibility to make my tenants aware of Policy Resolution Number Seven.

Unit Owner Signature: [Signature] Date: 7/27/21
Address: 1600 PRESTON RD (H)
(W) _____ (C) 206 437 2452

For Management Office Use Only:

Received: [Signature] 8.10.21
General Manager Signature Date _____

socialized and safe for interacting with other dogs off-leash. RA (initial)

I will work with the Homeward Trails staff to have potential adopters meet the animal. This may take place at my house, the potential adopter's house, or an adoption event. I will also make arrangements with Homeward Trails to have the animal attend scheduled foster events. If I cannot bring the animal, I will work with the staff to arrange a pick-up/drop-off so that the animal can attend the events. RA (initial)

I will contact a Homeward Trails immediately if my foster pet should get lost or stolen so that the appropriate steps can be taken to locate the animal and make the appropriate reports. RA (initial)

Homeward Trails, at any time, has the authority to terminate my fostering if they feel I am not able to provide the animal with the structure, resources, attention he/she needs, if the animal and I are not a good fit, or if I am found to be in violation of any of the above rules and/or city, county, state codes regarding animal welfare and possession. In this case, I will return the animal and all Homeward Trails supplies immediately to Homeward Trails. RA (initial)

I understand that my foster animal is the "property" of Homeward Trails and that I may not place this animal into an adoptive (or other) home without working fully within the Homeward Trails system, which includes receiving an application, conducting a phone interview and reference checks, arranging a home visit and having a fully signed Homeward Trails Adoption Agreement. If I relinquish this animal to another person or organization I will be considered in violation of this contract and held responsible for any/all legal fees incurred by Homeward Trails for the purpose of getting the animal back and I will be pursued by the appropriate legal authorities for theft. RA (initial)

I attest that I have never been charged with animal cruelty or neglect. I also attest that no one in my household has been charged with the above. RA (initial)

Lorraine P. [Signature] Foster Parent(signature)
Homeward Trails Rep. (PRINT)

Please provide/print the following info:

Name: Rebecca Asch
Address: 1600 Preston Rd
City/State/Zip: Alexandria VA, 22302
Phone (day and night): (703) 267-8106
Cell: [Redacted]
E-mail: [Redacted]@gmail.com
Date: 7/14/21

If you do not already have a digital signature, you will need to go to the link below and create one. Once you have saved your digital signature, you can then sign this form electronically by clicking on your saved digital signature inside the signature block.

<https://helpx.adobe.com/reader/using/fill-and-sign.html>