

Animal Protection Coalition, Inc.

Personal Reference Form

Your personal reference may not be an immediate family member and it also may not be the same person who fills out any other reference form(s) for you.

To be completed by adopter/foster applicant:

Name	Telephone Number
Address	City/State/Zip Code

To be completed by reference:

Name	Telephone Number
Address	City/State/Zip Code
How long have you know the applicant?	
Describe your impression of the care and condition of the animals the applicant currently owns:	
Do you think the applicant would make a good foster or adoptive home for an animal from Animal Protection Coalition, Inc.?	
Why or why not?	
Signature	Date

Thank you for taking the time to complete this form!

Please complete and return to:
Animal Protection Coalition, Inc.
10254 W 800 S
Owensville, IN 47665
Tel (812) 729-7697
Fax (206) 338-5604