

# 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:**

|                |                            |
|----------------|----------------------------|
| <b>Name</b>    | <b>Telephone Number</b>    |
| <b>Address</b> | <b>City/State/Zip Code</b> |

**To be completed by reference:**

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

*Thank you for taking the time to complete this form!*

Please complete and return to:

**Animal Protection Coalition, Inc. Corporate Offices**

10474 West 800 South

Owensville, IN 47665

Tel: (812) 729-7111

Fax: (206) 338-5604

E-mail: [apc@animalprotectioncoalition.org](mailto:apc@animalprotectioncoalition.org)