

***Department of Animal Services***

*Robert Miller, Director*

**Foster Care Application**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Home Phone: |  | Cell Phone: |  |

 EMAIL address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Are you at least 18 years of age? | 🞎 **Yes**  🞎 **No** | Do you have a valid government issued ID? | 🞎 **Yes**  🞎 **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| Is anyone in the home allergic to animals? | 🞎 **Yes**  🞎 **No** |  |  |
| Do you currently have any pets? | 🞎 **Yes** 🞎 **No** |  |  |
|  | If so, please specify: |  |  |
|  | **Dog/Cat/Other** |  | **Age** |  | **Sex** |  | **Altered** |  |
|  |  |  |  |  |  |  | 🞎 **Yes**  🞎 **No** |  |
|  |  |  |  |  |  |  | 🞎 **Yes**  🞎 **No** |  |
|  |  |  |  |  |  |  | 🞎 **Yes**  🞎 **No** |  |
|  |  |  |  |  |  |  | 🞎 **Yes**  🞎 **No** |  |
| Are these pets current on vaccines and licensing? | 🞎 **Yes**  🞎 **No** |  |

Have you ever fostered a pet before? 🞎 **Yes**  🞎 **No**

**Do you have the ability to separate your own pets from your foster pets?** 🞎 **Yes**  🞎 **No**

What kinds of animals are you interested in fostering? (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 Dogs  | 🞎 Puppies | 🞎 Cats | 🞎 Kittens |
| 🞎 Bottle-fed Orphans | 🞎 Pregnant Mothers  | 🞎 Nursing Mothers |  |
| 🞎 Special Needs (medical)  | 🞎 Special Needs (behavioral) |



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**Please read carefully before signing your application.**

I have answered the questions above truthfully and completely. I understand that although RCDAS carefully screens animals for foster care placement, it makes no guarantees related to the health or behavior of an animal. I understand that I receive foster care animals at my own risk, and can reject or return any animals for which RCDAS has asked me to provide care.

* I understand that, although a foster animal from the RCDAS is in my care, the foster animal is the property of RCDAS, and that the animal(s) shall be returned to RCDAS upon request, or if I am unable to adequately care for the animal(s). ***Initial:*** \_\_\_\_\_\_\_\_
* I understand that as a foster parent, I do not have any right or authority to keep the foster animal(s), place the foster animal(s) in other homes, or to place the animals with other individuals unless I have permission in writing from the RCDAS foster care coordinator. ***Initial:*** \_\_\_\_\_\_\_\_
* I understand that it is occasionally necessary to euthanize animals that have been in foster care. This is at the discretion of RCDAS, although it is an option of last resort. ***Initial:*** \_\_\_\_\_\_\_\_
* I am not taking a foster animal for any other purpose than to provide temporary care for the animal(s). ***Initial:*** \_\_\_\_\_\_\_\_
* I understand that RCDAS will provide free veterinary care for foster animals during regular business hours. If I choose to take foster animals to a private veterinarian, I will not be reimbursed for any of the costs involved. ***Initial:*** \_\_\_\_\_\_\_\_
* I understand that I will be required to provide transportation to and from the shelter for my foster animal(s). This may require multiple trips for veterinary care. ***Initial:*** \_\_\_\_\_\_\_\_
* I understand that RCDAS has the right to refuse the opportunity to foster animals to anyone and can terminate a foster application at any time. ***Initial:*** \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Signed:** |  |  |
| **Printed Name:** |  | **Date:** |  |

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| --- |
| **FOR OFFICE USE ONLY** |
| **Approved by:** |  | **Initials:** |  | **Date:** |  |