



Foster Application

# Foster Application

## **Applicant**

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

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

Driver's license number \_\_\_\_\_ License state \_\_\_\_\_

## **How do we reach you?**

Primary phone number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## **Friend/Family contact**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Phone

Number \_\_\_\_\_ Relationship \_\_\_\_\_

## **Tell us about yourself!**

What animals are you interested in fostering?

### **Types include (Select one or more)**

Cats? \_\_\_ YES \_\_\_ NO

Dogs? \_\_\_ YES \_\_\_ NO Other \_\_\_\_\_

### **I'm willing to foster.....**

Neonates (Bottle Babies) \_\_\_ YES \_\_\_ NO

Juveniles \_\_\_ YES \_\_\_ NO

Special needs \_\_\_ YES \_\_\_ NO

Behavioral needs \_\_\_ YES \_\_\_ NO

Seniors \_\_\_ YES \_\_\_ NO

Day trips and short-term \_\_\_ YES \_\_\_ NO

### **I have the following conditions.....**

**Animals**

\_\_\_\_\_ Dogs          \_\_\_\_\_ Cats          \_\_\_\_\_ Farm animals          \_\_\_\_\_ Other

**Property**

Fenced property?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

Own property?    \_\_\_\_\_ YES    \_\_\_\_\_ NO          If not owned, owner consents?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

\_\_\_\_\_ other household members    Pet allergies in the home?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

**Experience**

\_\_\_\_\_ Years of foster experience    Fostered \_\_\_\_ dogs    Fostered \_\_\_\_ cats

Fostered from \_\_\_\_\_

## Terms & conditions (please read carefully)

1. **At Own Risk:** I understand that fostering is done at my own risk, which I assume voluntarily, with no guarantees or promises made by Gilchrist County Animal Services (“GCAS”) regarding health and safety of myself, my family, my animals, and/or my property. On behalf of the undersigned, my heirs and assigns, I fully, irrevocably, and unconditionally, release and agree to hold harmless GCAS, Gilchrist County, the officials, employees, and volunteers, and agree to indemnify same for all suits, claims, or actions of every name and description brought against them based on personal injury, bodily injury (including death) or property damages received or claimed to be received or sustained by any person or persons, including attorney’s fees and fees on appeal, arising from or in connection with the foster animal and/or the fostering.
2. **No Guarantees:** GCAS cannot guarantee the behavior or health of any foster animal. I acknowledge that GCAS has limited means by which to

diagnose or recognize all conditions. I understand that any foster animal may be incubating an illness that could be transmitted to my pets. GCAS will not provide medical care or treatment of my own pets in the event they become ill or injured.

3. **If Medical Care Needed:** Should any foster animal in my care require medical attention, I agree to timely bring the animal to GCAS staff at no cost to me or to a veterinarian of my choice entirely at my own expense. I understand the veterinary staff partnered with GCAS will provide basic medical needs of foster animals, but have limited resources and may not be able to treat or repair some conditions. In the event of certain illnesses or injury of foster animals, the GCAS staff may advise euthanasia is the most appropriate outcome. In the unfortunate circumstance that a fostered animal in my care was to perish from any cause, I agree to return the deceased animal to GCAS.
4. **No Ownership:** I understand that by fostering, I am taking temporary custody of an animal belonging to GCAS. I do **NOT** become the foster animal's owner when I take possession.
5. **Adoption is Available:** I understand that should I wish to adopt an animal I am fostering, I will be required to follow standard adoption procedures and pay adoption fees. I understand that my adoption application will fall into queue alongside other applications. With the above mentioned, GCAS will consider the emotional benefit and adaptation the foster animal has with the foster prior to transferring to a new adopter.
6. **Will Remain Home:** I agree that every foster animal in my care will reside at my home address listed above. I will not remove any foster animal to another residence or permit anyone other than MCAS to do so. Any planned overnight travel with the foster animal will be discussed with the foster coordinator prior.

7. **Comply with Laws:** I recognize that I am required to adhere to all Gilchrist County laws pertaining to animals, of which I have familiarized myself, same being accessible at [https://library.municode.com/fl/gilchrist\\_county/codes/code\\_of\\_ordinances?nodeId=COOR\\_CH14AN](https://library.municode.com/fl/gilchrist_county/codes/code_of_ordinances?nodeId=COOR_CH14AN)

All terms and conditions therein are incorporated herein as if set forth in full.

8. **No Animal Criminality:** Neither I, nor anyone residing in my residence, has ever in any state been convicted of or pled no contest to animal cruelty, neglect or abandonment and no such charges are pending.

9. **Of Majority Age:** I am at least 18 years of age.

If this application is approved by GCAS, it shall also serve as the foster contract, with no other representations or promises made, and I am bound by its terms. In the event that I breach any provision of this contract or if upon demand of GCAS or at the end of the necessary time commitment as designated by GCAS, I fail to return a foster animal to GCAS, all animals I am fostering from GCAS shall be removed from my home and permission to foster animals in the future through GCAS shall forthwith and without further notice be revoked.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_