



APPLICATION AND AGREEMENT FOR FOSTER CARE PROVIDER



ANIMAL SELECTION FOR FOSTERCARE IS AT THE SOLE DISCRETION OF SHELTER STAFF

ANIMAL SERVICES

ANIMAL SERVICES

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this address permanent? \_\_\_\_\_ How long have you been at this address? \_\_\_\_\_

Own or Rent? \_\_\_\_\_ If renting do you have Landlord approval? \_\_\_\_\_

Landlord contact info: \_\_\_\_\_

Any mandatory breed and/or size restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list restriction \_\_\_\_\_

Phone numbers: Home/Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If there are children living in your household, what are their ages? \_\_\_\_\_

Any allergies to animals within the household? \_\_\_\_\_

Which do you prefer to care for (please check all that apply)?

Adult Cats \_\_\_\_\_ Kittens \_\_\_\_\_ Nursing Cat Moms with Kittens \_\_\_\_\_

Adults Dogs \_\_\_\_\_ Puppies \_\_\_\_\_ Nursing Dog Moms with Puppies \_\_\_\_\_

Experience :

With Animals \_\_\_\_\_

With Fostering \_\_\_\_\_

Are you a SLCOAS volunteer (attended a Volunteer Orientation)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Being a volunteer is not required\*\*

Are there pets in the household? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of: Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Are your pets current on rabies vaccination(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Boosters: Yes \_\_\_\_\_ No \_\_\_\_\_

Are your pets current on yearly vaccinations including DHPP or FVRCP? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your dogs licensed? Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_

(Utah state law requires that all dogs, cats, & ferrets have a current rabies vaccination and license)

Previous animals in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what species: \_\_\_\_\_

Reason pet is no longer in the household: \_\_\_\_\_

Please circle any diseases your household pets may have or had: Parvo, Distemper, Feline Leukemia, FIV

Other: \_\_\_\_\_ When: \_\_\_\_\_

Do you have an enclosed outdoor area? Yes \_\_\_\_\_ No \_\_\_\_\_ How high is the barrier? \_\_\_\_\_

What type of fencing do you have? \_\_\_\_\_

Where will your foster animals be housed? Inside \_\_\_\_\_ Outside \_\_\_\_\_

How long will you be able to foster an animal/litter? Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_

**Please write your initials on the line to the left of each paragraph after you have read it.**

\_\_\_\_\_ I agree that my services as a Foster Care Provider are provided on a strictly voluntary basis. I shall receive no pay, benefits, or compensation of any kind from Salt Lake County Animal Services for my foster care of animals.

\_\_\_\_\_ I agree to provide foster care in strict compliance with this agreement.

\_\_\_\_\_ I agree to provide adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.

\_\_\_\_\_ I agree to monitor the animal(s) and provide proper care and socialization to increase their possibility for adoption.

\_\_\_\_\_ I agree to make weekly contact with the Foster Coordinator or designee by phone, email or in person, to advise on progress.

\_\_\_\_\_ I agree to notify the Foster Coordinator or designee within 24 hours of any major change in the health of the fostered animal(s) health or if the foster animal(s) becomes lost.

\_\_\_\_\_ I understand Salt Lake County Animal Services reserves the right to re-evaluate the status of the animal(s) if length of care has exceeded 6 months and determine the proper course of action(s) to take for the animals well-being and outcome.

\_\_\_\_\_ I agree to represent myself professionally to Animal Services.

\_\_\_\_\_ I agree to return SLCOAS foster animals for sterilization on the specified date.

\_\_\_\_\_ I understand Salt Lake County Animal Services reserves the exclusive right to determine the proper course of action to take upon notification by the Foster Care Provider of any inability to comply with this agreement.

\_\_\_\_\_ I understand and agree that the foster animal(s) is the exclusive property of Salt Lake County Animal Services. This Foster Care Agreement transfers no ownership rights.

\_\_\_\_\_ I understand if any foster animal under my care dies, the Foster Coordinator or designee will be notified immediately and the body must be returned to Salt Lake County Animal Services immediately.

\_\_\_\_\_ I will respect the decision of Salt Lake County Animal Services to determine whether a Foster Care Provider can adopt a foster animal.

\_\_\_\_\_ I fully understand and agree that the ultimate disposition of any animal(s) under this foster care agreement is at the sole discretion of Salt Lake County Animal Services.

\_\_\_\_\_ I agree to vaccinate my own animals against the following diseases before fostering:

- Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); and Rabies, and are free of parasites.
- Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster), Feline Leukemia and Rabies, and are free of parasites.

\_\_\_\_\_ I understand no reimbursement by Salt Lake County Animal Services will be given to me regarding any expenditure which I incur for the care and treatment of the foster animal(s).

\_\_\_\_\_ I understand that if a fostered animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering other animals of the same species for a specific length of time as deemed suitable by Salt Lake County Animal Services. Salt Lake County Animal Services Veterinarian will determine the length of time necessary before fostering any animal again in a Foster Care Providers home that has been exposed to a specific disease. If a Foster Care Provider's home is exposed to either Parvovirus or Feline Panleukopenia, they will not be allowed to foster the species of animal affected by the disease for six months. In the instance of any other diseases it is recommended that they do not foster for a minimum of two weeks. The Foster Care Provider will be responsible for sanitizing all contaminated areas according to the standards given by Salt Lake County Animal Services.

\_\_\_\_\_ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case Salt Lake County Animal Services shall take immediate possession of the fostered animal(s).

### **Indemnity**

\_\_\_\_\_ I agree to release, discharge, indemnify and hold harmless Salt Lake County Animal Services, including its agents and employees, for any and all personal injuries or damages to property or pets caused by the foster animal(s).

\_\_\_\_\_ I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless Salt Lake County Animal Services, its agents, volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

\_\_\_\_\_ I understand that public relations are an important part of volunteering in the foster care program. I agree on behalf of myself, my heirs, personal representatives and executors to allow Salt Lake County Animal Services to use any photographs taken of me in public relations efforts. Salt Lake County Animal Services will use reasonable efforts to notify me of such use but such notification is not a condition of its use for public relations purposes.

\_\_\_\_\_ I understand that I may refuse to be photographed and that such refusal shall not change my status as a Salt Lake County Animal Services Foster Care Provider.

**I have received, read, and understand the Foster Care Guidelines provided by Salt Lake County Animal Services. The information I have provided in this agreement is true and correct. I understand that falsification of any part of this agreement will result in termination of this agreement.**

---

Foster Care Provider

Date

---

Foster Coordinator

Date