

SONOMA COUNTY ANIMAL SERVICES

1247 CENTURY CRT. SANTA ROSA, CA 95403

(707) 565-7100 or (707) 565-7112 fax

Foster Care Application

Name: _____ Date: _____

Address: _____ City: _____

Day Phone: _____ Evening Phone: _____

I live in a: house condo apartment mobile home

How long have you lived at this address? _____ own home rent

If you rent, has your landlord approved your having pets / fostering for the shelter? _____

Landlord's name: _____ Landlord's phone #: _____

How many adults in the household? _____ How many children (list ages)? _____

Who will be primarily responsible for the animal while at your home? _____

How many hours a day will the animal(s) be left alone? _____

Where will the animal(s) be kept during the day? _____ At night? _____

Do you have a fully fenced yard? _____ Height of fence _____ Type of fence _____

List all pets currently living at your home:

Breed / Type	Age	Sex	Spayed/Neutered?	Time Owned

Are your pets' vaccines current (cats: FVRCP, FeLV, rabies / dogs: DHLPP, Bordatella, rabies)? _____

Name of your veterinarian: _____

I can foster (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Mother cat with kittens | <input type="checkbox"/> Mother Dog with puppies |
| <input type="checkbox"/> Kittens that need bottle feeding (every 2 hours) | <input type="checkbox"/> Puppies needing bottle feeding (every 2 hours) |
| <input type="checkbox"/> Healthy kittens eating on own (4-8 weeks old) | <input type="checkbox"/> Single puppies eating on own (4-8 weeks old) |
| <input type="checkbox"/> Healthy kittens that need socialization | <input type="checkbox"/> Litters of puppies eating own their own |
| <input type="checkbox"/> Healthy cats that need socialization | <input type="checkbox"/> Healthy dogs needing socialization |
| <input type="checkbox"/> Contagious kittens that need medication | <input type="checkbox"/> Contagious dogs that need medication |
| <input type="checkbox"/> Contagious cats that need medication | <input type="checkbox"/> Injured dogs needing rest / rehabilitation |
| <input type="checkbox"/> Injured cats needing rest / rehabilitation | <input type="checkbox"/> Other (list): _____ |

If you've fostered before, for what groups? _____

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FOSTER CARE CONTRACT

As an animal foster parent for Sonoma County Animal Services, I agree to the following:

1. That fostering an animal is not considered an adoption, sale, or transfer of ownership to the foster provider. A foster provider only provides care for an animal during periods specified by Sonoma County Animal Services. Foster providers do not assume ownership or guardianship of the animal, but act as volunteers to Sonoma County Animal Services.
2. At all times, to provide humane and adequate care, including but not limited to, safe and appropriate housing, shelter, food, water and socialization as prescribed by the appropriate shelter staff or foster care coordinator.
3. To bring my dog(s) to Sonoma County Animal Services for a meet and greet, if staff feel it is necessary.
4. To foster only one animal or litter at a time in my home. A litter is defined as a group of kittens or puppies born at the same time from one mother. To not foster additional litters from other organizations while fostering for Sonoma County Animal Services.
5. To isolate foster animals from all other household pets and other animals for the duration set forth by Sonoma County Animal Services.
6. To allow an inspection of my premises by an officer from Sonoma County Animal Services.
7. To notify Sonoma County Animal Services staff immediately if my foster animal(s) becomes ill or is injured. During business hours call the shelter at 565-7100, for after hour emergencies, call the **Shelter Supervisor, Ann Joly at 707-484-2493**. Not to take my foster animal(s) to a veterinarian other than ones arranged by Sonoma County Animal Care and Control staff.
8. To maintain the health of my own pets by providing routine veterinary care, checkups and vaccinations. To provide veterinary care at my own expense if any of my personal pets have health problems related to my foster animal(s).
9. To bring my foster animal in for required examinations and vaccinations as prescribed by Sonoma County Animal Services staff.
10. To not allow this animal to be bred or used for breeding. The animal shall be properly protected and secured at all times.
11. To not allow the animal to go outside during the time of this foster period. Foster animals will be confined at all times and felines will be confined inside the house at all times. To notify Sonoma County Animal Services immediately if a foster animal becomes lost.

12. To not assign foster care of this animal(s), including but not limited to “pet sitting”, to any other person unless approval has been received from Sonoma County Animal Services.
13. To attend scheduled meetings and training sessions with Sonoma County Animal Services staff.
14. To relinquish my foster animal(s) to Sonoma County Animal Services when it has been determined by the staff that the animal(s) is ready to enter the adoption program, the animal should be transferred to a different foster home, or the animal is not adoptable. It is understood that providing foster care for an animal(s) does not guarantee that I will be able to adopt the animal(s).
15. To follow all feeding and care instructions as prescribed by Sonoma County Animal Services staff.
16. I recognize that caring for animals poses an inherent risk due to possible health, temperament, or behavioral problems. I agree to indemnify, hold harmless, release and defend the Sonoma County Animal Services from and against any and all actions, claims, damages, or disabilities that arise due to the temperament, behavior or care of the animal(s) I foster including, but not limited to, full attorney and witness fees related to any action taken.
17. I understand that if I do not follow all of the above requirements, then I will no longer be able to participate in the Foster Program, and that my foster animal(s) will be relinquished to Sonoma County Animal Services. I understand that this agreement may also be terminated by me by relinquishing said animals(s) to a Sonoma County Animal Services representative. In any and all cases, the animal(s) shall never be released to anyone but a duly authorized and identified Sonoma County Animal Services representative.

I, the undersigned, agree that all the information in my foster care application is true and correct to the best of my knowledge. I have also read and understand the Foster Care Contract, and agree to abide by all the listed requirements, and any other requirements set forth by Sonoma County Animal Services. If at any time I feel that I am unable to follow Sonoma County Animal Services requirements, I will notify the agency and return my foster animals immediately.

Sign Name _____ Date _____

Print Name _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Witness (SCAS Representative) _____