



# APPLICATION AND AGREEMENT FOR FOSTER CARE PROVIDER



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

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

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

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

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

Is this address: Permanent \_\_\_\_\_ Seasonal \_\_\_\_\_

If seasonal, when are you in the Salt Lake City area? \_\_\_\_\_

Do you own \_\_\_\_\_ or rent \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

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 \_\_\_\_\_

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

This is not required, however **you will be required to attend a Foster Orientation.**

Do you currently have pets? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

**(Utah state law requires that all dogs have a current rabies vaccination and license)**

Please circle and 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?: \_\_\_\_\_

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

How long will you be able to foster an animal or litter?: \_\_\_\_\_

I agree that my services as a Foster Care Provider are provided on a strictly volunteer 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 the policies and procedures of Salt Lake County Animal Services. This includes but is not limited to:

- A. Providing adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.
- B. Monitoring the animal(s) and providing proper care and socialization to increase their possibility for adoption.
- C. Calling the Adoption Coordinator at least once a week to advise on progress.
- D. Notifying the Adoption Coordinator within 24 hours of any major change in the fostered animals health or animal being lost.
- E. Agree to represent yourself professionally.
- F. Agree to returning SLCOAS foster animals for sterilization on the agreed upon date for foster animal to return to SLCOAS.

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

\_\_\_\_\_ 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 fostered animal(s) are 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 body must be returned to Salt Lake County Animal Services.

\_\_\_\_\_ I will respect Salt Lake County Animal Services' decision 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 will 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 if a fostered animal under my care of 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. Discussion with the Salt Lake County Animal Control 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 (feline leukemia), 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 at least two weeks. The Foster Care Provider will be responsible for appropriately sanitizing all infected areas.

\_\_\_\_\_ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that care 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 for use of public relations efforts. Salt Lake County Animal Services will use reasonable efforts to notify me but such notification is not a condition of its release 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 during orientation by Salt Lake County Animal Services.**

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Foster Care Provider

Date

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Adoption Coordinator

Date