

FOSTER CARE APPLICATION

FOSTER’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOSTER’S FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TODAY’S DATE: VETERINARIAN NAME AND CONTACT INFO:

ADDRESS: CITY: STATE: ZIP:

PRIMARY PHONE: SECONDARY PHONE:

EMAIL: PLACE OF EMPLOYMENT: WORK PHONE:

HOW MUCH TIME WILL YOU DEVOTE TO FOSTERING?

Please note: Fosters must live in Aiken County

* Where do you live? HOUSE CONDO APT TRAILER STUDENT HOUSING MILITARY HOUSING
* Do you: OWN RENT LIVE WITH RELATIVES LIVE WITH FRIENDS
* Landlord/Homeowner’s Name and Contact Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please list everyone living in your home:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | PHONE NUMBER | ALLERGIC TO ANIMALS | AGE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* Have you ever had any animal care training? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever had any dog obedience training? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever been charged with neglect of, cruelty to, and any similar offenses concerning animals? \_\_\_Y \_\_\_N
	+ If yes, please state when, where, and the disposition of charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What pets have you owned in the past five years?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE/BREED | AGE | SEX | SPAYED/NEUTERED | VACCINATED | BEHAVIORAL/HEALTH CONCERNS |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* If no longer owned, what happened to the pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever adopted from the ACAS? \_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_ N
* Have you ever surrendered a pet to the ACAS? \_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_ N
* Do you have a fenced yard? \_\_\_\_\_Y \_\_\_\_\_ N If yes, what is the fence height? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many hours a day will the foster be left alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the arrangements for the foster during this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What will you do with your foster in the event that the foster’s behavior suddenly changes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What will you do if your foster has accidents in the house? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

FOSTER CARE AGREEMENT

FOSTER’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOSTER’S FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following agreement is provided to help you understand the ACAS Foster Program Policy.

I, as an ACAS foster care provider, for an animal(s) under the responsibility of the ACAS, agree to abide by the terms and conditions stated below for the period such animal(s) are under my care in consideration of being allowed to participate in the ACAS foster care program.

1. I shall provide a humane, clean, nurturing, and safe environment for the animal(s).
2. I agree to feed, water, shelter, and administer any medication that has been dispensed by ACAS veterinarian to the animal while in my care. FOTAS will provide food and crate if needed.
3. I shall spend personal time socializing with the animal(s).
4. I shall make foster animals immediately available for return to the ACAS upon the verbal or written request of the ACAS.
5. I understand that I do NOT have any right or authority to keep or place ACAS foster animals in other homes or with other individuals unless otherwise stated in writing by the ACAS.
6. I understand all animals available for foster care were either surrendered by owners, were seized by Aiken County Animal Code Enforcement, were brought to the ACAS as strays, or were born while under the ACAS care.
7. I understand all animals available for foster care may present certain health risks to me, individuals residing at my residence, or other privately owned animals.
8. I shall immediately notify the ACAS of any signs of sickness of injury with my foster animal(s).
9. I understand that all non-ACAS foster animals at the foster care provider’s residence must maintain current required vaccinations.
	* 1. Veterinarian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Veterinarian’s Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. I shall keep all animal(s) indoors at all times except to go out in a fenced yard for exercise.
11. I shall walk all dogs on a leash. I agree to take all necessary precautions to ensure that an animal under my foster care does not escape my control. If an animal under my care does escape my control, it is understood that the ACAS may require all other ACAS foster animals under my care to be immediately returned to the ACAS. In addition, my right to foster future ACAS animals could be forfeited.
12. I give permission to allow authorized ACAS and/or Aiken County Code Enforcement representatives to visit and inspect my property prior to approval for ACAS foster care participation. In addition, it is understood that authorized ACAS and/or Aiken County Code Enforcement representatives are allowed to perform both periodic and unannounced visits to ensure the terms and conditions of this contract are met.
13. I shall immediately notify the ACAS of a change in my personal contact information or of the addition of any new animals to my household.
14. I understand that because of health, temperament, or other circumstances of the animal, the ACAS reserves the right to euthanize the animal(s) returned from the ACAS foster care program.

ACAS Liability Release Waiver: I hereby release, discharge, indemnify, and hold harmless Aiken County/ACAS and their agents from any and all claims, causes of action or demands of any nature or cause connected with fostering an animal(s) from the ACAS. The ACAS will not be responsible for any injuries or property damage caused by animals fostered from the ACAS.

Code Enforcement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOSTER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I want to Foster: \_\_\_\_ Dogs \_\_\_\_Cats \_\_\_\_Puppies \_\_\_\_Kittens