

Foster Care Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EMAIL address: _____

Are you at least 18 years of age? Yes No Do you have a valid government issued ID? Yes No

Is anyone in the home allergic to animals? Yes No

Do you currently have any pets? Yes No

If so, please specify:

<u>Dog/Cat/Other</u>	<u>Age</u>	<u>Sex</u>	<u>Altered</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are these pets current on vaccines and licensing? Yes No

Have you ever fostered a pet before? Yes No

Do you have the ability to separate your own pets from your foster pets? Yes No

What kinds of animals are you interested in fostering? (check all that apply)

- Dogs Puppies Cats Kittens
 Bottle-fed Orphans Pregnant Mothers Nursing Mothers
 Special Needs (medical) Special Needs (behavioral)



*Department of Animal Services
Erin Gettis, Director*

Please read carefully before signing your application.

I have answered the questions above truthfully and completely. I understand that although RCDAS carefully screens animals for foster care placement, it makes no guarantees related to the health or behavior of an animal. I understand that I receive foster care animals at my own risk, and can reject or return any animals for which RCDAS has asked me to provide care.

- I understand that, although a foster animal from the RCDAS is in my care, the foster animal is the property of RCDAS, and that the animal(s) shall be returned to RCDAS upon request, or if I am unable to adequately care for the animal(s). *Initial:* _____
- I understand that as a foster parent, I do not have any right or authority to keep the foster animal(s), place the foster animal(s) in other homes, or to place the animals with other individuals unless I have permission in writing from the RCDAS foster care coordinator. *Initial:* _____
- I understand that it is occasionally necessary to euthanize animals that have been in foster care. This is at the discretion of RCDAS, although it is an option of last resort. *Initial:* _____
- I am not taking a foster animal for any other purpose than to provide temporary care for the animal(s). *Initial:* _____
- I understand that RCDAS will provide free veterinary care for foster animals during regular business hours. If I choose to take foster animals to a private veterinarian, I will not be reimbursed for any of the costs involved. *Initial:* _____
- I understand that I will be required to provide transportation to and from the shelter for my foster animal(s). This may require multiple trips for veterinary care. *Initial:* _____
- I understand that RCDAS has the right to refuse the opportunity to foster animals to anyone and can terminate a foster application at any time. *Initial:* _____

Signed: _____

Printed Name: _____ **Date:** _____

FOR OFFICE USE ONLY					
Approved by:		Initials:		Date:	

County of Riverside
DEPARTMENT OF ANIMAL SERVICES - Foster Care Program
 Foster Supervisor: Candy Weil
 (951) 358-7376 □ 951-358-7302 □ TDD (951) 358-5124
 E-mail: Foster@rivco.org □ CWeil@rivco.org