



TULARE COUNTY ANIMAL SERVICES

14131 Avenue 256, Visalia, CA 93292 • (559) 636-4050 • tanimalservices@tularecounty.ca.gov • www.tanimalservices.org

We appreciate the invaluable service that foster families provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to ensure a positive experience for both you and the animals. Feel free to expand on any issue or ask any questions.

Fill out and submit the foster application via fax (559) 749-9815 or Email: TCAnimalServices@tularecounty.ca.gov

FOSTER CARE APPLICATION & AGREEMENT

FOSTER CARE APPLICATION

| | | | |
|--|----------------|--------------------------|------|
| Name: | | Date: | |
| Current Address: | | City: | Zip: |
| Phone: | Date of Birth: | Drivers License & State: | |
| Email Address: | | | |
| Interested in Fostering: <input type="checkbox"/> DOGS <input type="checkbox"/> PUPPIES <input type="checkbox"/> CATS <input type="checkbox"/> KITTENS <input type="checkbox"/> EQUINE <input type="checkbox"/> OTHER: | | | |

WHICH OF THE FOLLOWING SCENARIOS ARE YOU WILLING TO PROVIDE FOSTER CARE?

| Dogs <i>(Check any that apply)</i> | | Cats <i>(Check any that apply)</i> | | Equine <i>(Check any that apply)</i> | |
|--|--|--|--|--|---|
| <input type="checkbox"/> | Dog w/medical/behavioral issues/older/mature | <input type="checkbox"/> | Cats w/medical/behavioral issues/older/mature | <input type="checkbox"/> | Sick Equine/Medical care/older/mature |
| <input type="checkbox"/> | Pregnant | <input type="checkbox"/> | Pregnant | <input type="checkbox"/> | Pregnant |
| <input type="checkbox"/> | Mom w/nursing pups - (All Breeds) | <input type="checkbox"/> | Mom w/nursing kittens | <input type="checkbox"/> | General Care |
| <input type="checkbox"/> | Orphaned babies 0-4 weeks <i>* Please note orphaned babies 0-4 weeks may need to be bottle fed.</i> | <input type="checkbox"/> | Orphaned babies 0-4 weeks <i>* Please note orphaned babies 0-4 weeks may need to be bottle fed.</i> | <input type="checkbox"/> | Other <i>(Please Indicate: _____)</i> |
| <input type="checkbox"/> | Orphaned babies 4-8 weeks | <input type="checkbox"/> | Orphaned babies 4-8 weeks | <input type="checkbox"/> | |
| <input type="checkbox"/> | Sick puppies | <input type="checkbox"/> | Sick kittens | <input type="checkbox"/> | Older/Mature |
| <input type="checkbox"/> | Older/Mature | <input type="checkbox"/> | Semi-feral kittens | <input type="checkbox"/> | Orphaned |
| <input type="checkbox"/> | Max. # of puppies able to take home | <input type="checkbox"/> | Max. # of kittens able to take home | <input type="checkbox"/> | Max. # able to take home |

Prior experience fostering/caring for neo-natal animals or bottle feeding: _____

YOUR HOUSEHOLD

Please list family members and others who live in your household, including roommates, students, etc.

| | | | |
|---|--|---|--|
| Spouse Name (If applicable): | | # of children in household: | |
| Names & Ages: | | | |
| Primary Caregiver's Name: | | How many hours per day are you away from home? | |
| Please indicate the level of household activity: <input type="checkbox"/> Quiet <input type="checkbox"/> Active | | How many hours per day will your foster pet spend with people? | |
| Do you: <i>(Please check)</i> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease | | <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apt <input type="checkbox"/> Mobile Home | |
| Please describe the living arrangement for the foster animal: | | | |

TURN OVER TO COMPLETE APPLICATION →

APPLICATION CONTINUED

Will you be able to keep the foster animal separate from your own pets, if necessary? Yes No

Have you had animals before? Yes No

Please list below all animal currently in your household:

| Type of Animal | Age | Sex | How long have you owned? | Spayed/Neutered | Kept Inside, Outside or Both |
|----------------|-----|-----|--------------------------|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both |

FOSTER CARE AGREEMENT

Tulare County Animal Services (TCAS) is a proud sponsor of this Foster Care Program.

Please read and sign below:

- I understand my responsibilities as a Foster Parent and have asked any questions I might have. I feel prepared to take on the role of Foster Parent.
- I understand that continued participation in the foster program depends on my cooperation with expectations presented to me and those terms and conditions as set forth in the **"TCAS Foster Family Handbook"**.
- I agree to keep my foster animal well fed, watered, exercised and to act in compliance with the state of California's anti-cruelty laws. I agree to abide by any feeding/animal care suggestions given to me by TCAS.
- I understand that my foster pet will only be treated by a TCAS authorized Veterinarian. I understand that I will not be reimbursed by TCAS for any expenses incurred at a veterinary clinic. I must notify the Animal Services Coordinator or a TCAS staff member immediately if I notice any symptoms of illness. I understand the shelter is not responsible for illness occurring or veterinary care required for foster parents' own pets.
- If I decide to adopt the foster animal(s) as my own, I must finalize this when they become adoptable (2lbs, 8 wks and spay/neutered). Otherwise, I will participate in the foster program's process for finding an adopter (upon availability).
- I am willing to take my foster pet to monthly adoption events.
- I understand that my foster pet may not be handed over to anyone (or kept as my own pet) until the official adoption paperwork is complete and the spay/neuter surgery is done.
- I understand that some animals will not survive or may have to be euthanized and that this decision is up to TCAS.
- I am aware that the foster pets cannot be promised to family and friends unless they go through the usual shelter adoption process.
- I am aware that TCAS is not responsible for any damage done by my foster pet(s) to any of my property, pets or items not listed in this contract.
- I understand that tending to the safety of foster pet(s) includes never allowing young children unsupervised access to the foster pets, never letting any unrestrained animal near foster pets unless the animal is extremely reliable and preventing all escape routes.
- I agree to contact the Animal Services Coordinator or TCAS staff member whenever I have concerns or there is a change, including; biting, extreme lethargy, loss of appetite, breathing difficulty, green nasal secretions, lack of weight gain, mouth breathing, sudden behavior changes, etc., death or escape of your foster pet(s).
- I agree to permit on-site premise visits by a TCAS representative if necessary.
- If I am renting, I have approval from my landlord to have pets and can provide proof if asked.
- I acknowledge that all of the above information is accurate and truthful and that I am 18 years of age or older.

By signing below you agree to comply with the policies of TCAS and the expectations of the Foster Care Program.

Print Name

Date

Signature of authorized TCAS Representative

Signature