

FOSTER APPLICATION

ANIMAL SERVICES DIVISION



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
ANIMAL SERVICES DIVISION

Name: _____
 (Last) (First) (M.I.)

Address: _____ Phone: Home _____
 (Street)

_____ Alternate/Cell: _____
 (City, State Zip)

Driver's License: _____ Email: _____

Please send me email alerts when the shelter is experiencing a space crises

Do you live in a: House Apartment/Condo Mobile Home

Do you: Own Rent Does your landlord allow pets? Yes No Not Applicable

Landlord's Phone Number: _____

How many adults (over 18) live in your home? _____

How many children live in your home? _____ Ages _____

Are you: Working Retired Student Other _____

Describe the activity level in your house: Low Medium High

What other animals do you have in your home?

Name	Type	Sex	Spayed/Neutered?	Licensed?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

****Your dogs MUST have a license in San Luis Obispo County; please ensure they are current **prior** to your home inspection.**

What kind of animals are you interested in fostering?

<input type="checkbox"/> Puppies nursing mom <input type="checkbox"/> Puppies <input type="checkbox"/> Small dogs <input type="checkbox"/> Medium/large dogs <input type="checkbox"/> Medical dogs	<input type="checkbox"/> Bottle baby kittens <input type="checkbox"/> Kittens nursing mom <input type="checkbox"/> Kittens <input type="checkbox"/> Under socialized kittens <input type="checkbox"/> Adult cats <input type="checkbox"/> Medical cats
--	---

Where do you plan on housing your foster animals?

Dogs: <input type="checkbox"/> Run <input type="checkbox"/> Fenced yard <input type="checkbox"/> Indoors <input type="checkbox"/> Other _____	Cats: <input type="checkbox"/> Outside enclosure <input type="checkbox"/> Indoors <input type="checkbox"/> Other _____
Additional description: _____	Additional description: _____



I understand that the Animal Services Division makes no representation about the health of any animals I may foster. Should an animal need veterinary attention while in my care, I will either return it to Animal Services or assume responsibility for all veterinary costs incurred. Should any medical conditions develop, I will notify Animal Services within one business day.

I also understand that any fostered animal remains the property of Animal Services and I agree to return such animal(s) immediately upon their request. I will provide Animal Services with a bi-weekly update on the condition of all fostered animals. I will return all animals at the end of the foster period. Should anyone be interested in adopting a fostered animal, I will direct them to do so through Animal Services.

I grant to the County of San Luis Obispo Animal Services, its representatives and employees the right to use photographs and/or video provided by me in connection with my foster parent volunteer service. I authorize the use and publishing of the same in print and/or electronically. I agree that use of such photographs/video of me may be used with or without my name and for any lawful purpose, including publicity, illustration, advertising, and web content and I hereby waive all claims for compensation for the use of the photographs and/or videos, and release and hold harmless the County from any liability arising out of the use of my name, photograph or video. I agree that this consent is intended to satisfy any and all of the consent requirements of Civil Code sections 3344 and 33441.1 and hereby waive and release any and all claims that I may have against The County under those statutes or any other statutes or common law principles of similar effect.

I understand and accept that there are certain risks involved with fostering and handling animals, and other activities in which I may engage as a foster parent volunteer for the County of San Luis Obispo Animal Services Division. Such risks may include, but are not limited to, animal bites, scratches and illnesses that may be transferred from animals to people. Furthermore, I understand that certain illnesses may be transmitted to my own animals and it is solely my responsibility to ensure that proper preventative measures are taken to ensure their health. Any treatment required for my own companion animal(s) is my responsibility and I will not be reimbursed for any costs incurred.

I understand that treatment for injuries or work related conditions resulting from my activities as an Animal Services foster parent volunteer are covered under The County's Worker's Compensation program. I accept that this program is my sole recourse for compensation related to any injury or illness I may sustain as a result of my volunteer activities with the County of San Luis Obispo Animal Services.

With the exception of these Worker's Compensation benefits, I hereby release, waive and discharge The County, its employees, agents, officials and volunteers from any and all liability, claims or causes of action arising out of or in any way connected with the activity described in this application whether negligent or not. Furthermore, I understand that I may have rights under Civil Code section 1542 (which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.") and I expressly waive any rights conferred under this section. I expressly understand and agree that this release is intended to be as broad and inclusive as permitted by law, and that this release shall be governed by and interpreted in accordance with the laws of California.

I have read and understand the Volunteer Release and Liability Waiver above. I accept and agree to be fully bound by the terms and conditions set forth therein.

Signature_____

Date_____



The following information should help you understand what is required of a foster parent.

- Animal Services may place animals into foster homes to alleviate shelter overcrowding, nursing care, supportive care for un-weaned animals, or minimize shelter stress. The decision to place animals in foster is at the discretion of Animal Services staff.
- All fosters must complete an Animal Foster Application and sign a Liability Waiver.
- Upon submission of an Animal Foster Application, Animal Services shall conduct an inspection of the foster home and conditions in which the animal is to be kept. Approved foster homes may be re-inspected annually.
- The completed inspection form and application shall be forwarded to the Shelter Supervisor for evaluation. Upon approval, the applicant will be given a Foster Parent Handbook and can begin fostering animals.
- Under special circumstances, the Shelter Supervisor or Animal Services Manager may authorize the fostering of animals by an applicant prior to the home inspection.
- Authorization to foster: animals shall be placed in approved foster homes only with the approval of the ASD Manager, Shelter Supervisor or another supervisor on-duty in the absence of the others.
- A maximum of 3 dogs and 4 adult cats are allowed in a home, including owned animals. A maximum of 20 kittens or 10 puppies can be fostered at one time, depending on space. A permit can be provided free of charge to those fosters who are put over the allowed limit. Contact the front office for more information.
- No surgery or elective treatment is to be performed on any animal without the prior consent of the Animal Services Manager. All expenses associated with fostering an animal, **including veterinary care not prescribed or approved in advance** by Animal Services, are the responsibility of the foster.
- If after hours emergency treatment is required, the Central Coast Pet ER in Arroyo Grande or the Atascadero Pet Center in Atascadero should be utilized. Inform the emergency clinic staff that the animal is a foster from Animal Services and have them contact Dr. Anderson for approval to treat.
- Animal Services is to be notified within one business day of the development of any medical condition.
- Animals in foster care remain the property of the Animal Services Division and must be returned upon request.
- All active fosters will contact the Shelter Supervisor by email or phone on a weekly basis to provide an update on animals in their care.
- All animals are to be returned to the Animal Services Division for adoption at the end of their foster period. Fosters will not directly release animals to adoptive owners and will refer anyone interested in adopting a fostered animal to the Animal Services.
- Foster cats and kittens must never be allowed outside in an unconfined area. Foster puppies and dogs must be walked on a leash.
- Fosters who are bitten or otherwise injured during the course of their foster activities must immediately notify the Shelter Supervisor to have a report taken. If medical treatment is required, fosters will be referred to the appropriate medical provider and given paper work for a Worker's Compensation claim.

I have read and understand the above Foster Policy and agree to abide by it.

Signature_____

Date_____

FOSTER APPLICATION ANIMAL SERVICES DIVISION



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
ANIMAL SERVICES DIVISION

Name: _____
(Last) (First) (M.I.)

Address: _____

The section below to be completed by an ACO

Inspecting Officer _____ Inspection Date _____

Home

Cleanliness: Excellent Good Fair Poor _____

Conditions hazardous to animals: None Present _____

Yard

Cleanliness/Odors: Excellent Good Fair Poor _____

Conditions hazardous to animals: None Present _____

Fencing/Confinement: Adequate/Secure Inadequate _____

Animals present:

Names	Licensed?	Attitude/Condition
	<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	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: _____

Recommend approval for fostering: Yes No ACO Initials _____

Approved Denied ASD Shelter Supervisor _____

FOSTER ACKNOWLEDGEMENT AND AGREEMENT



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
ANIMAL SERVICES DIVISION

Thank you for participating in the County of San Luis Obispo Animal Services foster program. Please read and initial on each line to indicate that you understand and accept what is expected of you as a foster caregiver.

Initial below:

_____ I agree to abide by all Animal Services policies and procedures, including those outlined in the Foster Manual and supporting foster specific handbooks.

_____ I fully understand that this animal(s) is only temporarily in my care and belongs exclusively to Animal Services.

_____ I further understand that the purpose of this foster relationship is solely to provide care for this animal(s). I further acknowledge that authorized Animal Services staff must approve any decisions made concerning this animal(s).

_____ I acknowledge and agree that I will return the animal(s) on the scheduled date or on demand, whichever is sooner.

_____ I acknowledge that any and all adoptive placements will only be made through Animal Services and are subject to the same guidelines as any other adoption. I understand that I cannot give the foster away or adopt to anyone, as it legally belongs to the County of San Luis Obispo Animal Services.

_____ I understand that if I, as a foster volunteer, want to adopt any of my foster animals, I must go through the standard Animal Services adoption process and are subject to the same guidelines as any other adoption.

_____ I acknowledge if a situation arises in which I am unable to care for the animal for a period of time (vacation, emergency, etc.) or that I am no longer able to keep the animal. I must contact Animal Services and make arrangements to return the animal.

_____ I acknowledge that and cats, kittens and puppies must be kept indoors at all times. Dogs can never be off leash in public areas, or in areas where other dogs are allowed off leash, including dog parks.

_____ I acknowledge that I will only take my foster animal(s) to Animal Services to be spayed/neutered.

_____ I understand there exists the possibility of euthanasia if the medical/behavior staff determines euthanasia to be in the best interest of the animal and/or community.

I hereby understand that failure to comply with any and all of Animal Services expectations will lead to a removal from the foster program, and reclaiming of the foster animal(s). I hereby acknowledge that I have read and fully understand and agree to all parts of this Foster Acknowledgement and Agreement.

Name (please print): _____

Date: _____

Signature: _____

Effective date: 3/31/2018

FOSTER MEDICAL AGREEMENT



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
ANIMAL SERVICES DIVISION

Thank you for participating in the County of San Luis Obispo Animal Services foster program. Please read and initial on each line to indicate that you understand and accept this medical agreement.

Initial below:

_____ I acknowledge that my companion animals are susceptible to illness brought into my home by foster(s) and my own animals are current on their vaccinations, including bordetella for dogs. I understand that even fully vaccinated animals are not 100% protected from contracting infectious diseases.

_____ I understand that any treatment needed for my own companion animal(s) is my responsibility and I will not be reimbursed.

_____ I acknowledge and agree if my foster animal is injured or dies, I must contact Animal Services immediately.

_____ I agree to keep my foster(s) animal current on their vaccinations.

_____ I agree to give my foster(s) animal only medications prescribed by Animal Services.

_____ I agree to notify Animal Services if my adult foster animal has not eaten for more than 24 hours and agree to notify Animal Services if my juvenile foster animal has not eaten in less time.

_____ I agree to notify Animal Services if my foster(s) animal experiences diarrhea for more than 24 hours.

_____ I agree to clean and disinfect all supplies used by a foster(s) before using said supplies with a new foster(s).

_____ I agree to clean and disinfect my designated foster space prior to introducing a new foster(s).

I acknowledge that failure to comply with any and all of Animal Services expectations will lead to removal from the foster program and reclaiming of the foster(s) animal. I hereby acknowledge that I have read and fully understand and agree to all parts of this Animal Services Medical Agreement.

Name (please print): _____

Date: _____

Signature: _____

Effective date: 3/31/2018