



## APPLICATION AND AGREEMENT FOR FOSTER CARE PROVIDER

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

Date: \_\_\_\_\_ Animal Fostered: \_\_\_\_\_ ID #: \_\_\_\_\_

YOUR Facebook name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your D.O.B \_\_\_\_\_

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

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

Is this address permanent? \_\_\_\_\_ How long have you been at this address? \_\_\_\_\_

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 SOAS volunteer (attended a Volunteer Orientation)? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Being a volunteer is not required\*\***

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

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

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

Are your pets current on yearly vaccinations including DHPP or FVRCP? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Please circle any 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? \_\_\_\_\_

What type of fencing do you have? \_\_\_\_\_

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

How long will you be able to foster an animal or litter? Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_

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

\_\_\_\_\_ I agree that my services as a Foster Care Provider are provided on a strictly voluntary basis. I shall receive no pay, benefits, or compensation of any kind from South Ogden City Animal Services for my foster care of animals.

\_\_\_\_\_ I agree to provide foster care in strict compliance with this agreement.

\_\_\_\_\_ I agree to provide adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.

\_\_\_\_\_ I agree to monitor the animal(s) and provide proper care and socialization to increase their possibility for adoption.

\_\_\_\_\_ I agree to make weekly contact with the Foster Coordinator or designee by phone, email or in person, to advise on progress. I agree to help transport animals in my care to adoption events as requested.

\_\_\_\_\_ I agree to notify the Foster Coordinator or designee within 24 hours of any major change in the health of the fostered animal(s) health or if the foster animal(s) becomes lost.

\_\_\_\_\_ I agree to present myself professionally as a representative of SOAS but acknowledge and understand that I am not an employee do not have the right to make decisions for or commitments on behalf of SOAS.

\_\_\_\_\_ I agree to return SOAS foster animals for sterilization, adoption events etc. when asked.

\_\_\_\_\_ I understand South Ogden 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 foster animal(s) is the exclusive property of South Ogden City Animal Services. I acknowledge that this Foster Care Agreement transfers no ownership or property rights to me for any animal in my care.

\_\_\_\_\_ I understand and agree that if any foster animal dies while in my care, I will immediately notify the Foster Coordinator or designee.

\_\_\_\_\_ I will respect and comply with the decision of South Ogden City Animal Services as to 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 South Ogden Animal Services.

\_\_\_\_\_ I 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 and acknowledge that I will receive no reimbursement from South Ogden City Animal Services for any expenditure(s) which I incur for the care and treatment of the foster animal(s) and, further, that I will not solicit funds from any source without express written permission from SOAS.

\_\_\_\_\_ I understand and agree that if a fostered animal under my care becomes ill, injured or for any reason, I feel veterinary care is needed, I MUST contact my foster coordinator and make arrangements with them to obtain prior approval before taking the animal to be seen by a veterinarian. I understand further that if I do not obtain this prior approval, I will be personally responsible for payment of services rendered.

\_\_\_\_\_ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement and my removal from the fostering program. Further, I agree that in the event this agreement is canceled, I will immediately return possession of any fostered animals entrusted to my care, to South Ogden City Animal Services.

### **Indemnity**

\_\_\_\_\_ I agree to release, discharge, indemnify and hold harmless South Ogden City 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 South Ogden City 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 South Ogden City Animal Services to use any photographs taken of me in public relations efforts. South Ogden City Animal Services will use reasonable efforts to notify me of such use but such notification is not a condition of its use for public relations purposes.

**I have received, read, and understand the Foster Care Guidelines provided during orientation by South Ogden City Animal Services. The information I have provided in this agreement is true and correct. I understand that falsification of any part of this agreement will result in termination of this agreement.**

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Foster Care Provider \_\_\_\_\_ Date \_\_\_\_\_

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Adoption Coordinator \_\_\_\_\_ Date \_\_\_\_\_

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### Adoption Coordinators Contact Information

South Ogden Animal Shelter:  
5594 S Adams Ave  
South Ogden Utah 84405  
801-622-2949