

Foster Caregiver Application and Agreement



Return application by email, fax, mail, or in person:

Cecil County Animal Services

Attn: Placement Coordinator

3280 Augustine Herman Hwy. Chesapeake City, MD 21915

Return application by email: Klong@ccgov.org

Return application by fax: 1-866-895-2081

RECEIVED FOSTER MANUAL

Full Name:		Date:	
Street Address:			
City:	County:	State:	Zip:
Home Phone:		Cell Phone:	
Email:			
Date of Birth: <i>(Foster must be at least 18 years of age)</i>		Work Phone:	

Do you currently: Rent Own: _____

Have you been approved for fostering by your landlord / owner of the home? Yes No N/A

Landlord / Owner's name: _____ Phone #: _____
(to verify if animals are allowed)

Do you have any restrictions on number of animals, size, or breed from your landlord, homeowner's association, or insurance company? (Please include any personal restrictions here as well.)

Will you be able to keep your foster animal(s) separate from your own animals for at least two weeks?
Yes No

Are your animals up to date on a Rabies vaccine, as required by law? Yes No Unsure

Please list all current pets in your household:

Name	Type/Breed	Age	Sex	Spayed/Neutered?

What types of animals will you be willing to foster?

Dogs:	<input checked="" type="checkbox"/>
Pregnant or nursing mothers with young litters	<input type="checkbox"/>
Adult dogs with mild behavioral issues that need socialization	<input type="checkbox"/>
Adult dogs recovering from injury or illness (administering medication may be required)	<input type="checkbox"/>
Puppies:	<input type="checkbox"/>
Underage puppies needing to be bottle fed every 2-4 hours (1-5 weeks old)	<input type="checkbox"/>
Underage self-feeding puppies (4-8 weeks old)	<input type="checkbox"/>
Shy or fearful puppies that need socialization	<input type="checkbox"/>
Puppies recovering from injury or illness (administering medication may be required)	<input type="checkbox"/>
Cats:	<input type="checkbox"/>
Pregnant or nursing mothers with young litters	<input type="checkbox"/>
Adult cats with mild behavioral issues that need socialization	<input type="checkbox"/>
Adult cats recovering from injury or illness (administering medication may be required)	<input type="checkbox"/>
Kittens:	<input type="checkbox"/>
Underage kittens needing to be bottle fed every 2-4 hours (1-5 weeks old)	<input type="checkbox"/>
Underage self-feeding kittens (4-8 weeks old)	<input type="checkbox"/>
Shy or fearful kittens that need socialization	<input type="checkbox"/>
Kittens recovering from injury or illness (administering medication may be required)	<input type="checkbox"/>

Are you interested in fostering animals not listed above, such as small mammals, birds, and reptiles?

Yes No

What amount of time are you willing to commit to fostering? 1 week 2 weeks 4 weeks or more

Have you fostered animals before? Yes No If yes, with what organization(s)?

Do you have a preference on what size of dog you can fosters? Yes No If yes, please explain:

Do you have any experience bottle feeding puppies and/or kittens? Yes No If yes, please explain:

****PLEASE INDICATE THAT YOU HAVE READ, UNDERSTAND, AND WHERE APPROPRIATE, AGREE TO COMPLY WITH, EACH STATEMENT BELOW BY ENTERING YOUR INITIALS IN THE SPACES PROVIDED.****

_____ I have received a copy of the CCAS foster manual.

_____ I understand that fostered animals must be kept at my primary residence and I must promptly notify CCAS of any situation in which a fostered animal must be housed in another location for any reason; I shall not house a fostered animal for any length of time in another location without the advance written approval of CCAS and, if I change residences I will notify CCAS immediately.

_____ After taking the animal(s) into foster care, I will:

- Bring foster animals under 4 weeks of age to CCAS on a weekly basis for weight checks.
- Bring foster animals 4-8 weeks of age to CCAS on a bi-weekly basis for weight checks and vaccinations.
- Bring foster animals age 9 weeks and up to CCAS for weight checks, vaccinations, and physical examinations at intervals to be determined by CCAS based on the health status and age of the foster pet.
- Return the foster animal(s) on the required return date. Once an animal is returned to CCAS for adoption the animal(s) shall not return to the foster home and will remain at CCAS to be made available for adoption, or transferred to a rescue partner unless prior approval is granted by CCAS.

_____ I shall bring the foster animal(s) to the shelter for all medical care unless otherwise directed by an authorized employee of CCAS. I will take the foster animal(s) to an emergency vet only after obtaining pre-authorization or instruction to do so by an authorized employee of CCAS. Unauthorized private veterinary costs incurred by me SHALL NOT be reimbursed by CCAS. For all foster questions or emergencies, I can contact the Shelter at (410) 441-2040 during normal business hours. For after hour emergencies, I can contact the Placement Coordinator at the provided emergency number.

_____ I understand that I do not own, nor do I have the right to transfer or place the foster animal(s) in other homes or with other individuals. While CCAS may accept or solicit adoption recommendations, I do not have the authority to approve the adoption of my foster animal. All adoptions must be processed through CCAS at the shelter or an offsite adoption event.

_____ I am acting as a Foster Caregiver on a volunteer basis. As such, I understand and agree that I am not a County employee, will receive no reimbursements, pay, fringe benefits, or compensation of any kind from Cecil County, Maryland, the Animal Services Division of the Cecil County Department of Community Services, or any Cecil County, Maryland affiliates, agents, employees, officials, designees, or assigns.

_____ I understand that the animal(s) I am fostering are the property of Cecil County Animal Services ("CCAS"). As a temporary caregiver, I will provide the animal(s) that I foster with all of his/her/their physical, emotional and mental needs, keep the foster animal, its housing and its bedding clean and free from fleas, ticks and other parasites, facilitate socialization of the animal(s) with people and other animals to the extent possible and practical, and properly exercise the animal, with the goal of increasing the animal's likelihood of being adopted and thriving in its permanent home.

_____ CCAS reserves the right, upon reasonable advance notice to me, to check on the welfare of any foster animal(s) in my care and to reclaim the animal back into the care of CCAS in the event that I am acting in violation of this Agreement or any CCAS foster guidelines and/or regulations, or of any applicable laws. I understand that refusal to allow an inspection of my residence may lead to the revocation of fostering privileges.

_____ I shall promptly comply with any CCAS decision regarding the return and/or the disposition of the foster animal(s) including scheduled rescue partner transports. If at any point in time I can no longer care for my foster animal(s), I agree to contact the Placement Coordinator or an authorized representative from CCAS immediately and allow time to coordinate the animal's return. Notwithstanding the foregoing, I shall return my foster animal at any time, with or without notice, if I feel that my safety or the safety of my family or my own animals is/are at risk.

_____ I understand that there are risks to introducing foster animals to my own animal(s) and I assume that risk. I understand that it is recommended that I keep my animal(s) separate from the foster animal(s) for at least two weeks. If introduced, I will supervise the animals at all times. I understand that there is always a potential risk of disease transmission when exposing my own animal(s) to other animals. This risk is minimized if my animals are current on their vaccinations, maintain a healthy diet and lifestyle, and are free from parasites. I have discussed these risks with my veterinarian and assume all liability for my animal's care. I understand that CCAS cannot treat my owned animals if they become ill from contact with a foster animal.

_____ I will comply with all local, state, and federal laws regarding animal care.

_____ I certify that neither I nor any person residing in the household where the animal(s) will be fostered have/has ever been charged with or convicted of animal cruelty, neglect or abandonment.

_____ I agree to keep all foster animal(s) securely indoors unless accompanied by me. Dogs must be on a leash when not in a secure fenced area and cats are to remain indoors at all times unless being transported in a secure carrier that was made for an animal. The foster animal(s) shall not be left outdoors for extended periods of time without supervision.

_____ I will immediately to notify CCAS if the foster animal(s) escape(s) from my home or is/are lost while in my care. Additionally, I will immediately notify CCAS of any aggressive behavior exhibited by the foster animal or of any instances involving scratches or bites. If the foster animal dies in my care, the body must be returned to CCAS for disposal and its death properly processed through CCAS.

Indemnity:

_____ I hereby release, discharge, indemnify and hold harmless Cecil County, Maryland, including its agents, employees, officials, assigns and designees for any and all personal injuries or damages to person or property caused by the foster animal(s) and/or arising out of this Agreement, which may occur to or be suffered by me, members of my family, or any third parties. Nothing contained in this Agreement shall be construed in a manner to create any relationship between myself and Cecil County, Maryland, other than expressly specified herein and the parties shall not be considered partners or co-ventures for any purpose on account of this Agreement.

I have answered all questions above truthfully and completely to the best of my ability. I have read, understand, and agree with all the terms and conditions stated in this document and as set forth above:

Printed Name of Foster Caregiver

Signature of Foster Caregiver

Date

Signature of CCAS Supervisor/Placement Coordinator

Date