



Volusia County Animal Services  
**FOSTER CARE APPLICATION &  
AGREEMENT**

**FOR OFFICE USE ONLY**

Declined \_\_\_\_\_

Approved \_\_\_\_\_

Animal# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please understand that Volusia County Animal Services reserves the right to reject any applicant for any reason.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Are you over 21 years old? Yes No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you own or rent the place where you live: \_\_\_\_\_ if you rent, are animals allowed?: \_\_\_\_\_

Number of children in your household: \_\_\_\_\_ Their ages: \_\_\_\_\_

Do you have a yard: Yes No Is the yard completely fenced: Yes No

Circle option that describes your normal day: Home all day out part-time gone 7-10 hrs daily

Indicate pets currently living with you: \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Other

Name of your veterinarian: \_\_\_\_\_

Are your pets: \_\_\_\_\_ Indoor only \_\_\_\_\_ Outdoor only \_\_\_\_\_ Both

Are your pets current on their vaccinations: \_\_\_\_\_

Are all your pets spayed and/or neutered: Yes No If no, please explain: \_\_\_\_\_

\_\_\_\_\_

What type of animal are you interested in fostering?

Cats: Adults \_\_\_\_\_ Weaned kittens \_\_\_\_\_ Mom & babies \_\_\_\_\_ Bottle babies \_\_\_\_\_ Seniors \_\_\_\_\_

Dogs: Adults \_\_\_\_\_ Weaned puppies \_\_\_\_\_ Mom & babies \_\_\_\_\_ Bottle babies \_\_\_\_\_ Seniors \_\_\_\_\_

Have you cared for young, unweaned kittens before: Yes No

Have you cared for young, unweaned puppies before: Yes No

Have you ever given medication to sick animals before: Yes No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you fostered an animal before: Yes No If yes, what organization did you foster for:

\_\_\_\_\_

I, \_\_\_\_\_ [name of foster applicant] make the above statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to any animal Volusia County Animal Services (VCAS) may temporarily place in my care. **(please read carefully, initial each spot and sign agreement)**

\_\_\_\_\_ I understand that I may be required to provide foster care to my foster animal for an extended and indefinite period of time.

\_\_\_\_\_ I agree that I am over 21 years of age.

\_\_\_\_\_ I understand that VCAS provides no guarantee as to the health of my foster animal and that my foster animal may have medical needs.

\_\_\_\_\_ I agree to provide my foster animal with veterinary care as authorized by VCAS. I will not arrange or pay for any elective veterinary care for my foster animal without the express consent of an authorized VCAS representative.

\_\_\_\_\_ I understand that I may only have my foster animal temporarily.

\_\_\_\_\_ I agree that I am fostering this animal for VCAS and that I do not have any right of ownership over my foster animal. I further agree that VCAS rights in and to my foster animal are superior to mine. I also agree to provide a VCAS representative access to my home and property to check on my foster animal, at any time that I am in possession of my foster animal.

\_\_\_\_\_ I agree to immediately return any foster animal in my care to VCAS at the request of its authorized representative at any time and for any reason. If VCAS is forced to undertake legal action to enforce this provision of the agreement, I agree to indemnify VCAS for all court costs and attorney's fees connected with such an action.

\_\_\_\_\_ If I am planning to move at any time during the period when I am housing a foster animal, I agree to contact VCAS prior to my move and provide VCAS with my new contact information. I understand that VCAS has the right to request return of my foster animal based on my change of residence, and agree that I will surrender my foster animal to VCAS immediately upon request.

\_\_\_\_\_ I understand that as long as I provide foster care to my foster animal to VCAS satisfaction, I will be given the first right of adoption of my foster animal, at such time as VCAS decides to place my foster animal for adoption.

\_\_\_\_\_ If at any point I can no longer, or do not want to continue to, provide care and shelter for my foster animal, I agree to contact VCAS and arrange for surrender and return of my foster animal back to VCAS.

\_\_\_\_\_ I will not transfer possession or custody of my foster animal to any other person at any time, except for temporary, short-term possession for the purpose of vet care, grooming, etc.

\_\_\_\_\_ I agree to contact VCAS with any and all questions or concerns about my foster animal or the Foster Care Program as well as with updated contact information.

\_\_\_\_\_ I agree that if I refuse or fail to comply with any provision of this agreement, VCAS has the right to terminate this agreement and also has the right to the immediate surrender and return of my foster animal(s). I further consent to provide VCAS access to my premises if necessary to facilitate the return.

\_\_\_\_\_ I agree that the opportunity given to me to help rehabilitate my foster animal, as well as the chance of a potential future adoption, is of significant benefit to me, and serves as proper legal consideration in exchange for my agreement to the terms of this contract.

**I have read this application and Agreement in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful, under penalty of perjury under the laws of the State of Florida.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

