



County of San Diego  
Department of Animal Services

## “Tweenie” Program Foster Parent Application

If you would like to become a foster parent, please fill out this Application and Foster Care Profile, read the protocol on fostering and sign the form. All foster parents must be 18 years of age or older.

For more information on the “Tweenie” Program ([link to new webpage](#))

### SHELTER FOSTER LOCATION

**Please select the shelter location you wish to foster for:**

- 5480 Gaines Street, San Diego, CA 92110 (MS: H-39)  
 2481 Palomar Airport Road, Carlsbad, CA 92011 (MS: N-147)  
 5821 Sweetwater Road, Bonita, CA 91902 (MS: S-154)

### CONTACT INFORMATION

Applicant Name (Last, First): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### EMPLOYER INFORMATION

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CDL#: \_\_\_\_\_

**Please return application in person or by mail to the corresponding shelter above, or via email at: [dasinfo@sdcounty.ca.gov](mailto:dasinfo@sdcounty.ca.gov) (Attention: Tweenie Coordinator)**

## **“Tweenie” Program: QUESTIONNAIRE**

- 1. How did you find out about our Foster Program?**
- 2. Please tell us briefly why you would like to become a foster volunteer:**
- 3. What experience do you have as an animal foster parent? And what happened to those animals that were in your care?**
- 4. Do you have any prior experience as a volunteer? If yes, for what organization? What were your duties?**
- 5. Have you had prior experience at an animal shelter or in a related field?**
- 6. Have you had any formal education in companion animal care or animal welfare?**
- 7. Are you a member of any animal welfare organizations? If so, how do you participate?**
- 8. Although we make every effort to see the animals in our care get adopted, there are instances when an animal must unfortunately be euthanized for a variety of reasons. If, for example, the animal you are fostering is determined by veterinary staff to no longer be treatable and to keep that animal alive would add to its suffering; the department would be forced to euthanize him/her. How do you feel about this?**
- 9. When will you be ready to begin fostering?**

# “Tweenie” Program: FOSTER CARE PROFILE

## HOUSEHOLD INFORMATION

1. Living Accommodations:  Home     Apt     Other \_\_\_\_\_
2. People living in the home: Adults \_\_\_\_\_ Ages (6-18): \_\_\_\_\_ Ages (under six): \_\_\_\_\_
3. Any known allergies?  No  Yes: \_\_\_\_\_
4. Describe area where animal(s) will be cared for:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Do you have an “extra bathroom” or room where the kittens can spend a substantial amount of time during the day getting exercise?  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Does your lease allow pets?  Yes     No  
 If yes, please provide the Landlord’s name and phone number:  
 \_\_\_\_\_

## ANIMAL CARE INFORMATION

7. Do you have other pets now?  Yes     No                      If yes, how many? \_\_\_\_\_

Breed	Sex	Age	Are they spayed or neutered?		If you have dogs, what are their license tag #'s?
			Yes	No	

8. Any behavioral concerns or contagious or chronic illnesses?  Yes     No  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. When were they last vaccinated? \_\_\_\_\_
10. How many weeks can you foster an animal? \_\_\_\_\_
11. What are the care arrangements when you are not at home?  
 \_\_\_\_\_  
 \_\_\_\_\_



County of San Diego  
Department of Animal Services  
**FOSTER CARE AGREEMENT**

*(This is the same agreement without the informational part, which is on the webpage. People don't need to see it twice.)*

This agreement is made between the County of San Diego Department of Animal Services and \_\_\_\_\_ (hereinafter called "The Foster Care Parent").

The parties agree that:

- a) The Foster Care Parent shall provide the foster animal(s) with good care and grooming, clean and secure shelter, and access to appropriate food and water. The Foster Care Parent will also administer medication when recommended by the Staff Veterinarian.
- b) The animal(s) shall remain the sole property of the Department of Animal Services.
- c) The animal(s) shall be returned to the Department of Animal Services upon request by the Department of Animal Services, or if the Foster Care Parent is no longer able to adequately care for the animal(s).
- d) The Foster Care Parent will notify the Department of Animal Services in the event any change occurs in the above listed address or telephone number of the Foster Care Parent.
- e) Agents of the Department of Animal Services will be allowed to inspect the premises in which the animal(s) will be maintained for the purpose of determining the suitability of those premises for the care and maintenance of the animal(s) for the duration of this agreement.
- f) The Foster Care Parent understands and acknowledges that s/he does not have any right or authority to keep the foster animal(s) or to place foster animal(s) in other homes or places with other individuals unless permission is given in writing by the Department of Animal Services foster program personnel. All foster animals must be returned to the Department of Animal Services, alive or deceased.
- g) The Foster Care Parent understands that the DAS will supply the food, medication, veterinary care etc. that is required. If the animal becomes sick, the Foster Parent must notify the Department of Animal Services immediately. If the Foster Parent takes the animal to a private veterinarian without permission of the Department, the Foster Parent shall pay for all costs incurred with that visit.
- h) The Foster Care Parent will contact the Department immediately if the animal becomes ill. The Foster Care Parent will be required to bring the animal to the shelter immediately for shelter staff to treat—or an Animal Control Officer may be dispatched to come to the Foster Care Parent's home to pick the animal up. The staff will determine at that time if the animal will be treated or euthanized.
- i) The Foster Care Parent and its agents, heirs, and associates, agree to defend, indemnify and hold the Department of Animal Services, from any direct or remote and consequential damages arising out of this foster care arrangement.
- j) All foster placements are subject to approval and are at the sole discretion of the Department of Animal Services.

**Foster Care Parent:** Executed this \_\_\_\_\_ day of \_\_\_\_\_,



County of San Diego  
Department of Animal Services  
**FOSTER CARE AGREEMENT**

Signature: \_\_\_\_\_