County of San Diego
Department of Animal Services

Foster Caregiver Interest Form

If you would like to become a foster caregiver, please fill out this Application and Foster Care Profile, read the protocol on fostering and sign the form. *All foster caregivers must be 18 years of age or older* and *reside within San Diego County.*

SHELTER FOSTER LOCATION

Please select the shelter location you prefer to foster from:

☐ 2481 Palomar Airport Road, Carlsbad, CA 92011 (MS: N-147)

☐ 452 Riverview Parkway, Santee, CA 92071 (MS: S-154)

CONTACT INFORMATION

This information is necessary to create a foster caregiver profile for you.

Applicant Name (Last, First): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred method(s) of communication for foster needs: ☐ Call ☐ Text ☐ E-mail

Foster Caregiver Program: FOSTER CARE PROFILE

This information will assist the DAS team in matching you with a foster that will best fit for your needs.

PROGRAM OF INTEREST

☐ FOSTER- TYPE OF ANIMAL INTERESTED IN: _____

☐ DOG DAY OUT

HOUSEHOLD INFORMATION

1. Living Accommodations: ☐ House ☐ Apt ☐ Other _____
2. People living in the home: Adults _____ Ages (6-18): _____ Ages (under six): _____
3. Any known allergies? ☐ No ☐ Yes: _____
4. Does your lease allow pets? ☐ Yes ☐ No ☐ Own / No Lease
5. If yes, does your lease have any breed or size restrictions? Please list so our team can match appropriately:

_____

_____

ANIMAL CARE INFORMATION

6. Do you have other pets now? ☐ Yes ☐ No 7. If yes, please list below.

Breed	Sex	Age	Are they spayed or neutered?		Weight
			Yes	*No	

*If your animal(s) are not spayed or neutered but you would like to learn about low cost resources, DAS staff can share options.

7. Any behavioral concerns or contagious or chronic illnesses? ☐ Yes ☐ No
If yes, please explain:

_____

_____

8. Are your pets up to date on vaccinations? ☐ Yes ☐ No

Shelter pets often enter care with unknown medical histories; therefore, it is strongly recommended that resident pets are up to date on vaccinations prior to bringing home a pet. DAS offers low-cost services to reduce barriers. Please let staff know if you have any questions or concerns.

Foster Caregiver 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. **Do you have experience as an animal foster caregiver? What questions do you have about fostering?**

4. **Have you had prior experience at an animal shelter or in a related field? If so, please share.**

5. **When will you be ready to begin fostering?**

Please return completed application via email to DAS_placement@sdcounty.ca.gov (Attention: Foster Interest) or bring to your preferred campus during business hours.

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FOSTER CAREGIVER AGREEMENT

This agreement is made between the County of San Diego Department of Animal Services (hereinafter called "The Department" and _____ (hereinafter called "The Foster Caregiver").

The parties agree that:

a) The Foster Caregiver shall provide the foster animal(s) with good care and grooming, clean and secure shelter, and access to appropriate food and water. The Foster Caregiver will provide humane treatment and utilize positive reinforcement training methods as well as administer medication when recommended by the Staff Veterinarian.
b) The animal(s) shall remain the sole property of The Department. The Foster Caregiver 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 foster program personnel.
c) The animal(s) shall be returned to The Department upon request by The Department, or if the Foster Caregiver is no longer able to adequately care for the animal(s). All foster animals must be returned to The Department, alive or deceased.
d) The Foster Caregiver will notify The Department in the event any change occurs in the above listed address or telephone number of the Foster Caregiver.
e) The Foster Caregiver understands that The Department will supply the basic supplies - food, medication, veterinary care, etc. that is required. If the animal becomes sick, the Foster Caregiver must notify The Department immediately - after business hours please contact the 24 hour dispatch line. If the Foster Caregiver takes the animal to a private veterinarian without permission of the Department, the Foster Caregiver shall pay for all costs incurred with that visit.
f) The Foster Caregiver will contact The Department immediately if the animal becomes ill. The Foster Caregiver 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 Caregiver's home to pick the animal up. The staff will determine at that time if the animal will be treated or euthanized if the animal is in irremediable suffering.
g) The Foster Caregiver understands the potential risk of working with animals including but not limited to possible injury, bites, allergic reaction, and exposure to zoonotic disease. The Foster Caregiver and its agents, heirs, and associates, agree to defend, indemnify and hold The Department, from any direct or remote and consequential damages arising out of this foster care arrangement.
h) All foster placements are subject to approval and are at the sole discretion of The Department.
i) The Department, its officers, agents, and employees shall not be liable for, and Foster Caregiver shall defend, indemnify, and hold County harmless from, any and all claims, demands, liability, judgements, awards, fines, lens, losses, damages, expenses, charges, or costs of any kind or character, including attorneys' fees and court costs (hereinafter referred to as "Claims"), arising out of, or in any manner either directly or indirectly connected with, any act, error, omission, or negligence of Foster Caregiver without limitation, Claims caused by concurrent negligent act, error, or omission, whether active or passive, of The Department, its officers, agents, or employees. Foster Caregiver shall have no obligation to defend or indemnify County from a Claim if it is determined by the sole active negligence or willful misconduct of The Department, its officers, agents, or employees.

Any violation of the above requirements could lead to the termination of the volunteers Foster Care Parent role.

Date: _____

Foster Caregiver: Signature:_____