



CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES



FOSTER APPLICATION

| |
|------------------------|
| OFFICE USE ONLY |
| P# _____ |
| B Check YES NO |
| I on I YES NO |
| Emp # _____ |
| Shelter _____ |

Date: _____

Last Name First Name MI

Address City State Zip Code

Home Phone Cell Phone Work Phone

Email Address: _____

Do You : Own Rent/Lease Residence Type: House Condo Apartment

If you Circled Rent/Lease, has you Landlord approved you to be a Foster Parent? YES NO

Do all household members agree to you fostering pets? YES NO

Do you have cat (s)? YES NO Have they tested **negative** for FELV/FIV? YES NO

List all pets that reside at your Address:

| | Name | Breed | Age | Sex | Altered | Current on all Vaccinations |
|----|-------|-------|-----|-----|---------|-----------------------------|
| 1) | _____ | | | | | |
| 2) | _____ | | | | | |
| 3) | _____ | | | | | |
| 4) | _____ | | | | | |
| 5) | _____ | | | | | |

Who is your Veterinarian? _____

Which Shelter would you like to be a Foster Parent for? **(CIRCLE ONE ONLY)**

HOURS: Monday & Holidays: Closed; Tuesday-Saturday: 8am-5pm; Sunday: 11am-5pm

EAST VALLEY
14409 Vanowen St.
Van Nuys, CA 91405

WEST VALLEY
20655 Plummer Street
Chatsworth, CA 91311

NORTH CENTRAL
3201 Lacy Street
Los Angeles, CA 90031

SOUTH LOS ANGELES
1850 W. 60th St.
Los Angeles, CA 90047

HARBOR
957 N. Gaffey Street
San Pedro, CA 90731

WEST LOS ANGELES
11361 West Pico Blvd.
Los Angeles, CA 90064

You will be required to bring foster pets in periodically for check-ups and vaccinations, do you have transportation? YES NO

Are you willing to administer medication if need be? YES NO

Are you a member of a rescue organization? YES NO

If yes, which one? Homes Fur All - www.HomesFurAll.com

Have you ever been investigated by Animal Services? YES NO

If yes, explain _____

Why do you want to foster? _____

Do you have experience with foster care for adult pets and un-weaned pets? YES NO

Please select your preference below and indicate how many pets that you would be willing to foster at one time:

Kittens How many? _____

Adult Dogs How many? _____

Puppies How many? _____

Adult Cats How many? _____

Foster Parent Signature

Date



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FOSTER PARENT AGREEMENT

As a Foster Parent for the City of Los Angeles Department of Animal Services (LAAS) you are required to abide by the terms of the Foster Parent Agreement. If accepted and in consideration of becoming such, my initials and signature below, indicate that **I understand and agree to the following terms and conditions:**

If applicable, All potential Foster Parents must attend a Bottle Baby Foster 1 on 1 training or orientation.

Once a Foster Pet is weaned (8wks for puppies/kittens) it must be returned by the Foster Parent to the Shelter and impounded back into Chameleon.

Foster Parent agrees to provide reasonable time, proper and sufficient food, water, shelter, kind treatment, and proper veterinary medical care for the pet (s) in his/her care, at all times. **Cats cannot roam free.** If your Foster Pet escapes, you will need to provide us with a written statement.

As with all pets, LAAS does its best to find each Foster Pet a good home; However, LAAS **cannot** guarantee that all Foster Pets will be adopted nor guarantee, whatsoever, the health, temperament, mental disposition, and training of any of the Shelter/Foster Pets.

LAAS will be allowed to inspect the premises, in which the Foster Pet (s) will be/are maintained, from time to time, for the purpose of determining the suitability. Foster Pets are only temporarily in my care and remain the property of LAAS and are subject to relinquishment at anytime. Failure to return a Foster Pet will result in termination and a “do not adopt” status and legal action.

I agree that I **will not** relinquish custody of the Foster Pet (s) to anyone **except** LAAS, even temporarily, and if the Foster Pet dies in my care, the body must be returned to the Shelter for disposal and its death noted in our system.

I agree to contact LAAS immediately, if the Foster Pet (s); need medical care of any kind, and shall be brought into the Shelter for further evaluation. At that time a decision will be made by LAAS whether the Foster Pet (s) must stay at the Shelter or if they can return to the Foster home where the Foster Parent will administer medications, if provided. **Note: Private Veterinary costs incurred by the Foster Parent WILL NOT be reimbursed by LAAS nor will other expenses such as food, toys, litter.**

I declare under penalty of perjury that all statements on this application form and attachments are true and correct to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification and/or termination.

Foster Parent Signature

Date



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**IDEMNITY WAIVER,
RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

I hereby agree that I will assume full responsibility for personal injury, property damage suffered and/or death sustained as a result of, or in connection with, my participation as a volunteer with the Los Angeles Animal Services (LAAS).

I agree, for purposes of this agreement, to release all employees, agents and/or volunteers collectively from and against all liability, claims, demands, damages to my person or property suffered and/or sustained as a direct and/or indirect result of my participation as a volunteer.

In connection with my participation as a volunteer, I further agree that I will not make any claim against, sue, attach the property of, and/or prosecute the LAAS for any personal injury, property damage, death, and/or whatever the cause of the event that gave rise to a claim.

I further understand that the behavior of domestic animals is unpredictable and that domestic animals are capable of spreading disease, inflicting serious personal injury, causing extensive property damage, and/or causing death. Knowing the risk of handling domestic animals, nevertheless, I hereby agree to ASSUME THOSE RISKS and to release indemnity and hold harmless LAAS, who might otherwise be liable to me (or my heirs or assigns), for damages.

It is understood and agreed that this Indemnity Waiver/Release of Liability and Assumption of Risk form is intended to be binding on my heirs, distributes, guardians, legal representatives, and/ or assigns.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY. I AM AWARE THAT THIS IS AN INDEMNITY WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK FORM AND IS A BINDING CONTRACT BETWEEN LAAS AND MYSELF. I SIGN IT OF MY OWN FREE WILL.

Foster Parent (**Print Name**)

Date

Foster Parent Signature

Parent or Guardian, if between 16-17 yrs