**Seminole County Animal Services**

**232 Bush Boulevard**

**Sanford, FL 32773**

**Foster Care Application**

**Diane Gagliano, Program Coordinator**

[**dgagliano@seminolecountyfl.gov**](mailto:dgagliano@seminolecountyfl.gov)  **407 665-5208**

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  | | | | | | | | | | | First Name: | | | | | |  | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | |  | | | County: | | | |  | | | | | | | | Zip: |  |
| Phone: | Home: |  | | | | | | | Work: | | | | |  | | | | | | | | Cell: | | |  | |
| E-mail: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternate contact not at your same address: | | | | | | | | | | Name: | | | | |  | | | | | | Phone: | | |  | | |
| Type(s) of animals you are interested in fostering (dogs, cats, puppies, kittens, or other): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you fostered animals before? ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If not, what experience have you had with animals that would be helpful in fostering? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any experience training and working with dogs with behavioral issues? ☐Yes☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you live in a: ☐house ☐apartment ☐condo ☐other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have permission to provide temporary housing for foster animals in your home? ☐Yes☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a fenced yard? ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what is the height? | | | |  | | | | | | | | | ☐Wood ☐Chain link | | | | | | | | | | | | | |
| Are there any children in the household? ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what are their ages? | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Do any members of your household have allergies? | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | |
| Will you be able to keep the foster animals separate from your own if necessary? (This usually applies to sick cats and puppies) | | | | | | | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | |
| Where do you plan to keep your foster animals? | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| How many hours per day will your foster animals be without adult care? | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| What will you do to find your foster animal if it becomes lost? | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| What pets have you had in the past, if any? | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Where are they now? | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any pets now? | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | |
| If yes, what type & how many? | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| What are their ages? | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Are they spayed or neutered? | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | |
| Are their vaccinations current? | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | |
| Are they licensed? | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | |
| If dog(s), what breed(s)? | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| If cat(s), are they kept | | | | | | | | ☐Indoors ☐Outdoors ☐Both | | | | | | | | | | | | | | | | | | |
| If cat(s), are they declawed? | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | |
| How did you hear about the foster program? | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| It is mandatory that all foster animals be kept indoors and crated or confined when not under the direct supervision of foster parents. Dogs must be leashed whenever out of the house or in an unfenced area.  ☐Agree ☐Disagree  Cats must always be transported in secure carriers and **NEVER** be allowed outdoors. ☐Agree ☐Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the SCAS staff? (of course, we welcome your referrals) ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you understand that SCAS and Seminole County will not be held liable for any veterinary or emergency care of any fostered animal or personal pet? Any foster animal that becomes ill must be returned promptly to be seen by our shelter veterinarian. ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have answered the questions above truthfully and completely. I understand that although SCAS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals’ health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which SCAS has asked me to provide care. I indemnify and hold SCAS and Seminole County free and harmless from all liability arising out of any and all claims, demands, losses, damages, actin, judgment of every kind and description which may occur to or be suffered by me, members of my household, any third parties and my property by reason of activities arising out of this agreement. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| Signature: | | | | | |  | | | | | | | | | | | | | Date: | | | | | | | |

**Return application to:**

Seminole County Animal Services

Foster Care Program

232 Bush Boulevard

Sanford, FL 32773

|  |  |  |  |
| --- | --- | --- | --- |
| For staff use only: | | | |
| Approved: ☐Yes ☐No | Staff initials: | |  |
| Date: | |  | |
| Comments: | | | |
| Volunteer Coordinator Signature: | | | |
|  | | | |
| Items on loan to foster home: | | | |
|  | | | |
| The above items will be returned to Seminole County Animal Services upon completion of assignment. | | | |
| Signature: | | Date: | |

