

CITY OF LOS ANGELES DEPARTMENT OF ANIMAL SERVICES



	A DECEMBER OF THE
FOSTER	APPLICATION

Date:			
Last Name	First Name		MI
Address	City	State	Zip Code
Home Phone	Cell Phone	Cell Phone Work F	
Email Address:			
Do You : Own Rent/Lease	e Residence Type: Hous	se Condo	Apartment
If you Circled Rent/Lease, has y	you Landlord approved you to be a	Foster Parent	? YES NO
Do all household members agree	e to you fostering pets? YES	NO	
Do you have cat (s)? YES No	O Have they tested negativ	∕e for FELV/FI∖	/? YES NO
List all pets that reside at your A	\ddress:		
Name	Breed Age Se	ex Altered	Current on all Vaccinations
1)			
2)			
3)			
4)			
5)			
Who is your Veterinarian?			

Which Shelt	ter would you like to be	a Foster Parent for?	(CIRCLE ONE	ONLY)			
EAST VALLEY		WEST VALLEY	NORTH CENTRAL				
SOUTH LOS AI	NGELES	HARBOR	WEST LOS ANGELES				
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?							
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 D	ogs 🗌 Ho	ow many?			
Puppies	How many?	Adult C	Cats 🗌 Ho	ow many?			



orientation.

Shelter and impounded back into Chameleon.

mental disposition, and training of any of the Shelter/Foster Pets.

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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 <u>I understand</u> 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

Once a Foster Pet is weaned (8wks for puppies/kittens) it must be returned by the Foster Parent to the

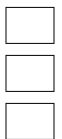
Foster Parent agrees to provide reasonable time, proper and sufficient food, water, shelter, kind treatment, and proper veterinary medical care for the pet (s) in his/her care, at all times. Cats <u>cannot</u>

As with all pets, LAAS does its best to find each Foster Pet a good home; However, LAAS <u>cannot</u> guarantee that all Foster Pets will be adopted nor guarantee, whatsoever, the health, temperament,

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

roam free. If your Foster Pet escapes, you will need to provide us with a written statement.

return a Foster Pet will result in termination and a "do not adopt" status and legal action.



I agree that I <u>will not</u> relinquish custody of the Foster Pet (s) to anyone <u>except</u> 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. <u>Note: Private Veterinary costs incurred by</u> 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.



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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