



INYO COUNTY SHERIFF'S ANIMAL SERVICES

ANIMAL FOSTER CARE PROGRAM APPLICATION & QUESTIONNAIRE

Thank you for your interest in joining our foster care program. If you have never had the opportunity to foster before, you may be given a chance to experience all the joys of caring for an animal in need without the lifetime of responsibility. We offer training prior to any animals being put in your care. We will also provide food, litter and arrange for medical treatment if necessary.

Please read this overview carefully, and then fill out the attached foster application.

The foster application and agreement should be returned in person to:

Inyo County Animal Shelter
1001 County Rd
Big Pine, CA 93513
(760) 938-2715 Office phone
(442) 228-5021 FAX

Or emailed to animalshelter@inyocounty.us

FOSTER CANDIDATES

The Inyo County Animal Services Foster Care Program is set up to help animals who have a good chance of survival, but who are either too young for our adoption program, or are sick or injured. The animals that would be helped through the foster program might otherwise face euthanasia. Without the help of volunteers like you, who open their hearts and homes to animals in need a number of our animals may not find their way into a loving permanent home. Your help will be invaluable to these animals.

SUPPORT SYSTEM FOR FOSTER PARENTS AND THEIR ANIMALS

Inyo County Animal Services asks you, as Foster Parents, to provide water, shelter and lots of love. Again our staff will provide you with food, litter and any necessary veterinary care and medicine.



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QUESTIONNAIRE

IMPORTANT QUESTIONS TO ASK YOURSELF BEFORE YOU DECIDE TO FOSTER ANIMALS FOR THE INYO COUNTY ANIMAL SERVICES FOSTER CARE PROGRAM

Would you be able to contact us quickly in the event of an emergency?

Are you able to separate the fostered animals from your own?

Fostered animals should remain isolated from your present pets. Also, please be aware that Inyo County Animal Services is unable to cover any medical costs incurred by your resident pets as a result of exposure to the fostered animals. Your present pets need to be vaccinated against any known communicable diseases that could be carried by the type of animal you are fostering.

Some animals in the foster program are sick or injured. Although unlikely, it is possible that an animal in your care could die. Are you emotionally prepared to handle the death of one of your fostered animals? This can be very difficult.

Will you be able to surrender the animal(s) back to Inyo County Animal Services at the end of the foster period? It can be difficult to let go once you have become emotionally attached.

Do you feel comfortable explaining to friends that these animals are not yours to adopt out and that they must go through the regular adoption process at the Inyo County Animal Services Shelter?

Will you be able to spend quality time with each fostered animal? Socialization can be as important as feeding them and keeping them clean.

Are you willing to work with our veterinary care system? Please understand that veterinary care can only be okayed by the supervisor of Inyo County Animal Services.

Staff members will be able to give a good estimate on the length of time that is required for fostering the animal. Can you commit to spending the entire foster period with the animal?

Are you aware that there is great deal of cleaning up after the animal you are fostering? Do you understand that there are hazards as well, which might include biting and destruction of property? Are you aware that a home check by Animal Services staff will be required?



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FOSTER PARENT VOLUNTEER APPLICATION & AGREEMENT

Name: _____ Telephone: _____

Mailing address: _____

Physical address: _____

City: _____ State: _____ Zip: _____

I have _____ pets at home.

Number of dogs _____ Male or Female _____ Spayed or Neutered _____

Number of cats _____ Male or Female _____ Spayed or Neutered _____

Are they current on their vaccinations? _____

If so, please list them:

Name of Veterinarian: _____

Have you cared for: Young kittens? Pets requiring medication?

 Young puppies?

Are you willing to foster: Underage kittens? Medically recovering animals?

 Underage puppies?

Do you rent or own your place of residence?

House Mobile Home Condo Apartment

If you rent may we contact your landlord? Yes No

Landlord's name: _____ Phone: _____

Do you have children? YES NO If yes, what are their ages? _____

Signature _____ Date _____



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FOSTER PARENT VOLUNTEER APPLICATION & AGREEMENT cont.

Prior to being accepted into the Foster care Program applicants will be required to work one day in the Inyo County Animal Services Shelter assisting the Shelter Manager with maintenance.

I have read and understand the information and questions contained in the Foster Care Program over view. I also agree to follow these guidelines as set forth.

RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I, _____, fully understand that my participation in the Inyo County Animal Services Foster Care Program (hereinafter Program) exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in the Program and agree to assume any such risk.

I hereby release, discharge and agree not to sue the County of Inyo, its agents, officers and employees, for any injury, death or damage to or loss of personal property arising out of, or in connection with my participation in the Program from whatever cause, including the active or passive negligence of the County of Inyo, its agents, officers and employees or any other participant in the Program.

In consideration for being permitted to participate in the Program, I hereby agree for myself, my heirs, administrators, executors and assigns that I shall indemnify and hold harmless the County of Inyo, its agents, officers and employees from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Program.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEE NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Signature _____ Date _____

Witness for the County _____