



Environmental Protection and Growth Management Department  
 ANIMAL CARE AND ADOPTION DIVISION  
 2400 SW 42<sup>nd</sup> Street • Fort Lauderdale, Florida 33312 • 954-359-1313 • broward.org/animal

## Foster Parent Application Information and Instructions

### Overview

Thank you for your interest in becoming a foster parent with Broward County Animal Care and Adoption Division!

Every month, our shelter receives pets that require special care. Some of these dogs and cats have sustained injuries or are ill. Others are too young to be placed right into adoption. Your assistance providing much needed care can make a positive difference for these pets.

It takes special dedication and commitment to provide care to our foster eligible pets. Fostering is often a **24/7** responsibility and pets must be returned to our clinic for checkups as often as every two weeks. Please be sure you are able to commit the time and care for the sake of your fostering success and the health and survival of your foster pet(s).

The following categories are pets that often need foster care:

- ✦ **Kittens**  
*Very young kittens (less than 8 weeks of age) who weigh less than two pounds*
- ✦ **Puppies**  
*Very young puppies who are less than eight weeks old (very rare)*
- ✦ **Sick or Injured Pets**  
*Pets that are on treatment for illnesses or injuries that can be treated through foster care.*

### Submitting Your Application

Simply turn in your application, and a copy of your driver license, to the address below:

**Animal Care and Adoption Center**  
 2400 SW 42<sup>nd</sup> St.  
 Fort Lauderdale, FL 33312

Once your application has been approved, you will be contacted by a staff member.

**I have read, understand, and agree to comply with all applicable rules and regulations relating to participating in the Foster Program at Broward County Animal Care and Adoption (ACAD). I agree that all statements and agreements herein are voluntarily made by me and are truthful.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about this Fostering Opportunity?

<input type="checkbox"/> TV Advertisement	<input type="checkbox"/> Billboard Advertisement	<input type="checkbox"/> Newspaper Advertisement
<input type="checkbox"/> Animal Care Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Other (Please Specify):		



## Foster Parent Application

Employee     Tri-County Resident (Broward, Miami-Dade, or Palm Beach County)

### Personal Information (must be over 18 years of age to apply)

Name	Driver License #	State Issued	
Home Address	City	State	Zip
Home Phone	Mobile Phone		

*\*Please note a current contact phone number and physical address where the foster pets will be kept for the duration of the foster is required to foster.*

Date of Birth \_\_\_\_\_ Applicant's Email \_\_\_\_\_

### Household and Family Information

- ✳ How long have you lived at your current address? \_\_\_\_\_ years \_\_\_\_\_ months
- ✳ What kind of home do you live in?     House     Condo     Apartment     Mobile Home

Own     Rent\*    Landlord's name & phone number: \_\_\_\_\_

- ✳ How many children live in your home? \_\_\_\_\_ How old are your children? \_\_\_\_\_
- ✳ How many adults live in your home? \_\_\_\_\_
- ✳ Is anyone in your home allergic to pets?     Yes     No

### Employment Information

Employer _____			
Address	City	State	Zip
Job Title	Work Phone		

### Pet Information

Do you currently own cats or dogs?     Yes     No



*Please note: all pets in the home must be current on all vaccinations and have a current County pet registration license tag from either Broward, Miami-Dade or Palm Beach County prior to fostering.*

Name	Breed	Color	Age	Sex	Sterilized <input type="checkbox"/> Yes <input type="checkbox"/> No	County Pet License #
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Pet Information** (continued) Veterinarian Name \_\_\_\_\_

Phone \_\_\_\_\_

Have you ever fostered a pet before?  Yes  No

What category of pet would you like to foster?

Large, adult dogs

Adult Cats

Kittens

If you are fostering an adult dog, are you prepared to market the pet for adoption?  Yes  No

**Provisions** Please read the following provisions carefully and initial:

1. \_\_\_\_\_ I hereby attest that I am a permanent resident of Broward, Miami-Dade, or Palm Beach County.
2. \_\_\_\_\_ I am responsible for the safe transport of foster animals to and from ACAD.  
Foster animals are to be physically separated from personal pets to minimize the exposure of personal pets to a foster animal possibly incubating a disease which had not been initially diagnosed. In addition, personal pets must be up to date on all vaccinations prior to fostering.
3. \_\_\_\_\_
4. \_\_\_\_\_ I understand that Broward County is not responsible for property damage and/or injuries or illnesses to people or personal pets which may occur from fostering animals.
5. \_\_\_\_\_ Follow up ACAD clinic appointments for vaccinating, de-worming, re-checking and/or sterilizing the fostered animals must be promptly kept on a bi-weekly basis without exception.
6. \_\_\_\_\_ No additional animals may be fostered until all animals being actively fostered have been properly returned to ACAD, without permission of the Foster Coordinator.
7. \_\_\_\_\_ The remains of any foster animal that dies while in my care should be returned to ACAD for further examination where possible.
8. \_\_\_\_\_ I understand that early return of foster animals prior to completion of service term and prior to them being ready for adoption will result in no volunteer community service hours being awarded.
9. \_\_\_\_\_ Foster animals must be kept indoors unless accompanied outside by foster care provider.
10. \_\_\_\_\_ I certify the information provided in this foster care application is complete and accurate. I will immediately notify ACAD if I am going to move or change my phone number before the change occurs.
11. \_\_\_\_\_ I understand that fostering is not a guarantee of adoption. At all times, the foster pet(s) in my care remain the property of ACAD and must be returned upon demand. Adoption of a foster pet is at the sole discretion of ACAD. Failure to return a foster pet to ACAD will result in automatic adoption after 3 months of fostering.
12. \_\_\_\_\_ I understand that an automatic adoption resulting from failure to return a foster pet to ACAD within three months of fostering has the same consequences and ownership responsibilities as a regular adoption, including but not limited to increased fees for vaccinations and license registration.
13. \_\_\_\_\_ I understand that ACAD is not financially responsible and will not reimburse medical expenses incurred by the foster care provider for medical treatment given to the foster animal(s). Additionally, I understand that ACAD is not financially responsible for any property loss, damages or injuries that occur as a result of fostering an animal.



**Please continue to page 5 to review and agree to the terms and conditions for fostering.**

## Terms and Conditions

Congratulations on your decision to partner with ACAD and foster a foster eligible pet! Your help ensures that more shelter animals get a chance to live long, healthy lives as a welcomed family pet. Because fostering can often be a time-consuming commitment, please carefully read the instructions and stipulations outlined in this application.

Prior to an animal being released to you as the foster care provider, the County Veterinary staff will medically examine each foster animal, de-worm as necessary, treat for flea or tick parasites, and prescribe any required treatments or medications within their means to do so.

### It is important to note the following:

- While in your care, foster animal(s) remain the property of ACAD.
- **You may not transfer foster care to another individual, give away or sell the foster animal(s).**
- If you are unable to continue to care for the pet(s), you must return the foster(s) immediately to ACAD.
- Each foster pet must be accounted for at all times.
- If a foster pet dies, the remains should be returned immediately to ACAD.
- You are encouraged to find a forever home for your foster pets.
- When you have identified a potential adopter for the pet you are fostering, you **MUST** contact ACAD for further instruction.

### Exception to the number or types of animals being fostered at one time requires the advanced approval of the agency Director, Assistant Director, Foster Coordinator or the County Veterinarian.

- ACAD shall determine the length of foster type care required for each animal in the foster care program and a foster pet shall be returned to ACAD upon demand.
- ACAD will provide basic medical care and required medicines to sick or injured foster animals, through the agency clinic, or as may be approved by the County Veterinarian.
- ACAD reserves the right to withhold extensive and prolonged treatment for sick or injured fostered animals, including those with skin diseases, if in the opinion of the County Veterinarian the prognosis may result in pain and suffering and certain death, or ACAD is unable to provide the necessary treatment.
- ACAD shall approve the advanced scheduling for foster animals requiring sterilization.
- ACAD is not financially responsible for medical expenses incurred by the foster care provider for personal pet medical bills for illness and/or injury from fostering animals.
- ACAD reserves the right to verify all information provided on the Foster Care Application.
- **ACAD reserves the right to suspend and/or cancel the foster care application at any time and remove the animals from foster care.**
- **ACAD is not financially responsible for medical expenses incurred by the foster care provider for medical treatment given to the foster animal(s).**

How did you hear about this Fostering Opportunity?

\_\_\_\_ Through School \_\_\_\_ Animal Care Website \_\_\_\_ Social Media \_\_\_\_ Word of Mouth  
\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**I have read and completed this Foster Care Application thoroughly and truthfully. I have also read and understand the Terms and Conditions of this foster care application.**

\_\_\_\_\_  
Foster Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACAD Staff Signature

\_\_\_\_\_  
Date

### Office Use Only

Person ID: \_\_\_\_\_  Approved  Declined\*

\*Reason(s): \_\_\_\_\_



## STUDENT COMMUNITY SERVICE FOSTER CARE PROGRAM

Thank you for helping us save lives! We are counting on students like you to help save our homeless pets, which includes providing them with the proper care and attention they need.

Fostering is not an easy task. There are major responsibilities involved that often require 24/7 care. That is why it is important that you make sure you and your family are truly committed and up for the task, before taking any Foster Pets home. Please understand that the lives of the pet(s) in your care are at stake and you will be the key to ensuring their livelihood and health.

### PROGRAM REQUIREMENTS

- All fostered kittens must be returned to our Clinic for checkups every two weeks, even if the Foster Pet is not sick.
- Adult pets must be returned once a month for regular check-ups at our Clinic.
- Contact the Shelter Clinic at **954-357-1315** if any of your Foster Pets display any signs of sickness. In case of serious concern, please bring the Foster Pet(s) directly to our Clinic at any time during regular business hours.

**Failure to complete the fostering requirements or to bring animals back in a timely fashion will result in community service hours not being rewarded.**

**A maximum of 40 Student Community Service Hours will be awarded:**

**Per litter of kittens, regardless of the length of time of foster, health of the kittens, or number of kittens in the litter. Each kitten must reach at least 2 lbs. and be ready for adoption.**

**Adult dogs or cats must be fostered for a minimum of 1 month and the Foster Parent must actively work to find their Foster Pet a permanent home.**

### NOTE: THIS PROGRAM IS NOT APPLICABLE FOR COURT-MANDATED SERVICE

I hereby acknowledge that community service hours will only be awarded upon completion of the full term of foster care. Early return of my Foster Pets before they are ready for adoption, may result in euthanasia and is contrary to the life-saving goals of the Foster Program. Accordingly, Animal Care reserves the right to deny community service hours for the early return of my Foster Pets or for the return of my Foster Pets in poor condition.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_