



Foster Application

Foster families provide temporary homes for animals that are not ready to be adopted.

Name: _____ Date: _____

Address: _____

Contact #: _____ Alt. Contact #: _____

Email Address: _____ Add to Foster Email List? Y / N

Government Issued ID#: _____

ID Expiration Date: _____ Date of Birth: _____

Please check all that you would be interested in fostering:

- | | | |
|---|---|--|
| <input type="checkbox"/> Unweaned Kittens | <input type="checkbox"/> Unweaned Puppies | <input type="checkbox"/> Behavioral Dogs |
| <input type="checkbox"/> Weaned Kittens | <input type="checkbox"/> Weaned Puppies | <input type="checkbox"/> Behavioral Cats |
| <input type="checkbox"/> Mothers with Kittens | <input type="checkbox"/> Mothers with Puppies | <input type="checkbox"/> Farm Animals |
| <input type="checkbox"/> Medical Cats/Kittens | <input type="checkbox"/> Medical Dogs/Puppies | <input type="checkbox"/> Pocket Pets |

Willing to be on the emergency/on-call list for neonatal kittens? _____ Puppies? _____

Please list the pets in your home:

Pet's Name	Species	Age	Vaccinations Up to Date	Spayed/Neutered

Vet Clinic and Veterinarian's Name: _____



Please fill out all questions below:

1. If you rent, are you aware of your landlord's pet policies, including but not limited to pet deposit fees and weight/breed restrictions? _____
1.1 Landlord/Property Manager's Name and Phone Number (if needed to contact):

2. Do you have a separate space to house foster animals away from your current pets?

3. How many adults over 18 are in your household? _____
4. How many children under 18 are in your household? _____
5. How many animals can you foster at one time? _____
6. Do you have any experience fostering? If so, please explain (List any other rescue groups or agencies you have fostered for, or for which you are currently a foster):

7. Around how many hours will your foster(s) be home alone per day? _____
8. When you are not home, where will your foster(s) be? _____
9. Do you have a fenced-in yard (height and type)? _____
10. Will you be taking any vacations, or have any time limitations while fostering?

11. How did you hear about us? _____

By signing below the applicant (you) state that all information on this application is correct and current. The applicant also acknowledges and agrees that submitting this application is not the guarantee of being able to foster an animal. I understand that if approved and assigned any foster animal(s), I will be required to sign an Animal Foster Contract, a sample copy of the current version of which has been provided to me.

Applicant's Signature

Date



Sample Foster Contract

The purpose of the Guilford County Animal Services (GCAS) Foster Program is to provide temporary homes for animals that most often are underage or not well enough for adoption. Animals falling into these categories are:

- 1) Underage animals are those under eight (8) weeks of age and/or under two (2) lbs.
- 2) Those not well medically refer to any animal undergoing treatment for a minor medical issue or animals needing crate rest from a surgery or heartworm treatment.
- 3) Animals that are classified as not well behaviorally refer to animals needing some form of behavior modification through training and/or socialization.

By volunteering to participate in the GCAS Foster Program and in consideration of my participation, I agree to the following terms and conditions:

I am at least eighteen (18) years or older and am authorized to foster animals at my place of residence. It is my sole responsibility to keep my address and contact information up to date with GCAS. Any changes shall be made known to GCAS within twenty-four (24) hours of the change or before the beginning of a foster period.

It will be my sole responsibility to offer safe housing and humane care for any animal(s) assigned to me. I am not authorized to transfer this responsibility to any other person(s) or agency without authorization from GCAS management or other designated shelter personnel.

If at any time during the foster period I am unable to provide the shelter, care and/or socialization for the animal(s), I must immediately contact GCAS to return the animal(s) to the care of the shelter. Additionally, GCAS has the right to recall the animal(s) to the shelter at any time and in such circumstances, I will have twenty-four (24) hours to bring the animal(s) back to the shelter or an Animal Control Officer will be dispatched to retrieve the animal.

I agree to contact GCAS immediately upon observing any adverse or unfavorable changes in the foster's health condition, and/or behavior to seek their guidance before attempting any medical or behavioral intervention. I will adhere to any medical instructions or behavioral modification guidelines given to me by GCAS. I will not seek treatment for any medical or behavioral concerns from any outside agency or person(s) unless instructed to by authorized GCAS personnel.

I understand the importance of follow-up foster appointments and if I am unable to bring the foster to GCAS for scheduled appointments that I must contact GCAS by at least the day prior to the appointment to reschedule. Without excluding or limiting any other reasons for terminating my participation, all of which GCAS reserves, I acknowledge that my ability to participate in the foster program for GCAS may be revoked if any of the following occur:

- 1) Failure to timely notify GCAS of inability to make an appointed foster exam
- 2) Missing two (2) foster appointments for any reason

If either of these occur, I will be notified by GCAS and must return the animal(s) immediately or an Animal Control Officer will be dispatched to retrieve the animal.

I acknowledge and agree that Guilford County cannot and does not make any representations or warranties, expressed or implied, concerning the temperament, health, habits or background of any animal(s) that may be assigned to me, ALL OF WHICH WARRANTIES ARE DISCLAIMED, and that such animal(s)' future actions towards me, my family, and other persons may be unpredictable because animals, like people, have their own personalities and traits. I understand that animals may carry any number of zoonotic diseases (diseases that can be transmitted between animals and people), and that they may, or may not, show symptoms of those illnesses. Therefore, I HEREBY RELEASE Guilford County and its officers, agents, employees, and volunteers from all claims of injury, illness, property damage, loss, expense, or liability which the foster animal(s) may cause (directly or indirectly) me, my family members, or my pets.

I understand that if I wish to adopt my foster animal, I will need to return to GCAS to complete the adoption application and paperwork, that GCAS retains full discretion over whether to approve adoptions, and that if the adoption is finalized, I will be solely responsible for the costs and care of the animal.



GUILFORD COUNTY
ANIMAL SHELTER

4525 W. Wendover Ave. Greensboro, NC 27409

Office Use Only

Approval Checklist

Initial as completed:

- ☐ Animal Shelter Database_____
- ☐ Checked Vet Reference (if applicable)_____
- ☐ Checked Landlord approval (if applicable) _____
- ☐ ID checked and copied_____

Approved: Yes_____ No_____ **Staff Initials:** _____

Emailed/Called approval: _____ **Date:** _____

Comments: _____