Forsyth County Sheriff's Office
Pet Adoption & Resource Center

Foster Parent Application

Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Work Phone: _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

Are you 18 years or older? ☐ Yes ☐ No

Do you currently live in a: House: _____ Apartment: _____ Condo: _____ Other(explain)?_____

Do you currently: Own: _____ Rent: _____ If you rent, what is the pet policy? _____

Landlord or Rental Agency Name: _____Phone: _____

How long have you lived at your current residence? _____

How many adults live in your home? _____ How many children? _____ Age(s) of children? _____

Does anyone in your household have pet allergies? _____

Please list any other animals living at your residence:

Animal Type/Breed? _____ Gender? _____ Age? _____

Spayed or Neutered? _____ If you have other pets, are their vaccinations current? _____

Who is your Veterinarian? _____ Clinic name? _____

Are you willing to foster animals that are recovering from injuries? _____

Are you willing to foster animals that have manageable health issues requiring medication? _____

What type(s) of animals are you willing to foster? (Check all that apply)

Dogs: _____ Puppies: _____ Cats: _____ Kittens: _____ Rabbits: _____ Other: _____

Are you willing/able to take neonatal (newborn to 4-week-old) kittens? ☐ Yes ☐ No

If you can take neonatal kittens, how much experience do you have with fostering them?

☐ **None**-willing to be trained on how to care for them. ☐ **Some**-may need some retraining/refreshment on care

☐ **A lot of experience**-well versed in neonate care, do not need any training on care

What other animals are you currently fostering? (If any) _____

What other organization(s) have you previously fostered animals for? _____

_____

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Who will be primarily responsible for the care of this foster animal? _____

_____

How many hours will the foster animal be left alone each day? _____

Where will the foster animal be kept at night? _____

Do you have a fenced in yard? _____

-If yes, how high is your fence? _____ Type of fence? _____

-If no, what is your plan for containment and exercise? _____

_____

I like pets that are: Small: _____ Medium: _____ Large: _____ Any size: _____

Describe the temperament and activity level you are looking for in a foster animal (Check all that apply):

High Energy: _____ Lap: _____ Mellow: _____ Affectionate: _____ Outdoorsy: _____ Quiet: _____

I prefer a foster animal that… (Check all that apply)

Can tolerate other animals: _____ Can tolerate children: _____ Can tolerate strangers: _____

My ideal foster animal:

_____

_____

I understand that all Forsyth County foster homes/parents agree to comply with Georgia Department of Agriculture requirements. I also have received and reviewed the Forsyth County Pet Resource Center Animal Foster Policy and I agree to comply with same.

Sign Name: _____ **Date:** _____

Attach copy of Driver's License/Picture ID.

Please return your completed application to: **Forsyth County Pet Resource Center**
4065 County Way
Cumming, GA 30028
678-965-7185

You also may scan and email your application to: **Foster@forsythco.com**

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Foster Volunteer Release, Wavier, and Indemnification

In consideration of being permitted to foster volunteer at Forsyth County Pet Resource Center, I, the undersigned, voluntarily agree to the following:

1. I acknowledge that I am 18 years or older.
2. I agree to conduct myself in a courteous and professional manner as a foster volunteer and representative of the Forsyth County Pet Resource Center, and I will treat all the animals with the highest respect.
3. I agree to follow all Forsyth County Pet Resource Center policies and procedures and abide by all the instructions from the staff.
4. I agree that my foster volunteering services to the Forsyth County Pet Resource Center are performed on a volunteer basis without pay, without medical or worker's compensation insurance and without compensation of any kind and all my foster volunteering service hours are performed at my own risk. I agree that it is my responsibility to act in such a manner as to be responsible for my own safety while foster volunteering.
5. I authorize Forsyth County Pet Resource Center to contact the emergency contact on this application and seek emergency medical care in case of my accident, illness or injury.
6. I have disclosed all relevant medical conditions on this application and will advise the Forsyth County Pet Resource Center of any changes. I acknowledge that the Forsyth County Pet Resource Center strongly recommends that I keep current with tetanus and rabies vaccines and to advise my doctor that I may be handling animals. I agree that all inoculations, medical care and medications are my own responsibility and I release Forsyth County Pet Resource Center from all responsibility with respect to the same.
7. I give Forsyth County Pet Resource Center exclusive right to use, publish or reproduce any photographs, drawings, writings and or copyrightable material produced of me or by me as a foster volunteer.
8. I agree to keep confidential indefinitely all Forsyth County Pet Resource Center records and information regarding previous and new owners and Forsyth County Animal records.
9. I agree that the Forsyth County Pet Resource Center may refuse or terminate my participation in its foster volunteer program at any time without notice.
10. To protect outside pets from contracting any potential shelter disease, and to prevent the shelter pets from developing illness from outside pets, I certify that all my personal pets in my home are current on their rabies, distemper, Bordetella and parvo vaccines.
11. I acknowledge the risks and dangers inherent in handling animals and in otherwise foster volunteering with the Forsyth County Pet Resource Center and I freely assume and fully accept these risks. I hereby waive any rights to cause of action or future cause of action that I may have against the Forsyth County Pet Resource Center and its directors, officers, agents, employees, servants, representatives and assigns (collectively, The Forsyth County Pet Resource Center and its Representatives), and release, discharge, indemnify and hold harmless the Forsyth County Pet Resource Center and its representatives from and against all claims, actions, costs, expenses and

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demands, in respect of the following, not limited to death, injury, loss or damage to person or property, arising out of in connection with my foster volunteering, howsoever caused, even if such loss or injury is caused by the negligence or default of the Forsyth County Pet Resource Center and its Representatives.

12. I agree to this waiver, indemnity, and consent on behalf of myself, my heirs, executors, and assigns.

Signature: _____

Print Name: _____

Date: _____

Emergency Contact

Name:_____ Phone:_____