

Become a Foster Parent



**Make a difference in the life of
a special needs pet!**





Environmental Protection and Growth Management Department
ANIMAL CARE AND ADOPTION DIVISION
2400 SW 42nd 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 42nd 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

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	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 rabies registration from Broward County.

Name	Breed	Color	Age	Sex	Sterilized <input type="checkbox"/> Yes <input type="checkbox"/> No	License #	Expiration
					<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 administered medication to a cat or dog? Yes No

🐾 What kind of animals are you interested in fostering?

Kittens requiring bottle feeding

Orphaned or Underage Kittens

Mother with kittens

Kittens/Cats with Skin Conditions

Kittens/Cats with URI

Orphaned or Underage Puppies

🐾 Would you like to be added to our foster email distribution list for neonatal kittens? 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.
7. _____ The remains of any foster animal that dies while in my care **must** be returned to ACAD for further examination.
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).



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 Veterinarian 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 **must** be returned immediately to ACAD — **no exceptions!**

An approved foster household may foster animals limited to one of the following categories:

- Mother cat and kittens (*1 litter*)
- Kittens without a mother (*1 litter*)
- Mother dog and puppies (*1 litter*)
- Puppies without a mother (*1 litter*)
- Injured, ill, or special needs animal

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).**

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 Foster Care Program Representative Signature

Date

Administrator Signature*

Date

*Required for any ACAD employee

Office Use Only

Animal ID: _____ Person ID: _____ Approved Declined*

*Reason(s): _____



Student Community Service: Fostering Hours
(Students must be 14 years or older to participate)
EDUCATIONAL INSTITUTIONS ONLY

Name of Student(s) receiving hours: _____
Name of School(s): _____
Age(s): _____

Thank you for helping us save lives! We are counting on students like you to help save these little ones, which includes providing the proper care and attention they need. Fostering is no light task. There are major responsibilities involved and fostering is often a 24/7 responsibility. So please make sure you and your family are truly committed to and up to the task before taking a little one home. **Please understand that animal's lives are at stake in this program and you are the key to ensuring their success.**

Program Requirements:

- All animals fostered must be returned to our Clinic for checkups every two weeks, even if the foster is not sick. _____ (Student), _____ (Parent)
- Contact the Shelter Clinic at 954-357-1315 if any of your foster animals display any sign of sickness. In case of serious concern, bring the foster animal(s) directly to the clinic services lobby any time during business hours. _____ (Student), _____ (Parent)
- Students need to be supervised by an adult during this process (minors only)
_____ (Student), _____ (Parent)
- Has a parent/guardian completed the foster application? (minors only) Yes/No (Circle)
Parent/Person ID Number: P_____

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

Student Service Hours awarded: **40 hours per litter**

NOT APPLICABLE TO COURT-MANDATED SERVICE

For questions or concerns, please contact Foster@broward.org

I hereby acknowledge that if seeking community service hours for my foster service, service hours will only be awarded upon completion of the full term of service and the clinic deems the pets ready for adoption. Early return of 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, ACAD reserves the right to deny community service hours for early return of foster pets or for return of foster pets in poor condition.

Signature _____ Date _____

Please attach a copy of school ID, license, permit or passport of student(s) to this form.