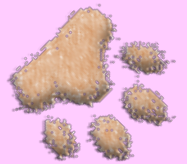
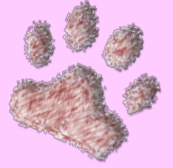


Become a Foster Parent



**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! (ACAD)

Every month we receive 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 special needs 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).

Submitting Your Application

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

Animal Care and Adoption Center
2400 SW 42nd St.
Fort Lauderdale, FL 33312

You can also email the foster coordinator at: foster@broward.org

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



NOTE: YOU MUST BE A RESIDENT OF BROWARD COUNTY TO FOSTER.

Foster Parent Application

Employee Broward County Resident

Personal Information

Name	Driver License #	State Issued	
Home Address	City	State	Zip
Home Phone	Mobile Phone		
<i>*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.</i>			
Date of Birth	Email		

🐾 Have you ever administered medication to a cat or dog? Yes No

🐾 What kind of pets are you interested in fostering?

Newborn kittens who need bottle feeding Adult cats Mother with kittens

Newborn puppies who need bottle feeding Adult dogs Mother with puppies

🐾 Would you like to be added to our foster email distribution list? Yes No

Provisions Please read the following provisions carefully and initial:

1. _____ I hereby attest that I am a permanent resident of Broward 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.
6. _____ The remains of any foster animal that dies while in my care **must** be returned to ACAD for further examination.
7. _____ 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.

8. _____ Foster animals must be kept indoors unless accompanied outside by foster care provider.
- 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.
9. _____
- 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 on demand will result in automatic adoption after 3 months of failure to return and/or may result in the issuance of citations.
10. _____
- I understand that an automatic adoption resulting from failure to return a foster pet on demand has the same consequences and ownership responsibilities as a regular adoption, including but not limited to increased fees for vaccinations and license registration.
11. _____
- 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).
12. _____



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 special needs pet. Your help ensures that more shelter dog and cats get a chance to live long, healthy lives as a welcomed family member. Because fostering can often be a very time-consuming commitment, please carefully read the instructions and stipulations outlined in the application.

Prior to a pet being released to you as the foster care provider, the County Veterinarian will medically examine each foster pet, de-worm as necessary, treat for flea or tick parasites, and prescribe any required treatments or medications.

It is important to note the following:

- While in your care, foster pets remain the property of ACAD.
- **You may not transfer foster care to another individual, give away or sell the foster pet(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.
- ACAD shall determine the length of foster type care required for each pet in the foster care program.
- ACAD will provide basic medical care and required medicines to sick or injured foster pets, 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 pets, including those with skin diseases, if in the opinion of the County Veterinarian the prognosis may result in pain and suffering and certain death.
- ACAD shall approve the advance scheduling for foster pets 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 dogs or cats.
- 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 pets from foster care for just cause.**
- **ACAD is not financially responsible for medical expenses incurred by the foster care provider for medical treatment given to the foster dog or cat(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 hour, seven day a week responsibility**. So please make sure you and your family are truly **committed** to and **up to the task** before taking a little one home. In addition to daily care and attention, there are a few more responsibilities required below. **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 as often as every two weeks, even if the foster is not sick. _____ (Student), _____ (Parent)
- Contact the shelter or the Foster Coordinator directly if any of your foster animals display any sign of sickness. Examples include: sneezing, sniffing, eye discharge/infection, etc., stops eating or drinking, seems sleepy. _____ (Student), _____ (Parent)

Failure to complete the fostering period 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 foster pet or litter**

NOT APPLICABLE FOR COURT-MANDATED SERVICE

Contact Foster Coordinator for any concerns at: 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."

"If seeking community service hours, I agree to submit my service hour forms to the coordinator in the manner directed at least one week in advance of when I need them signed. I understand every effort will be made by the ACAD staff to return the approved forms on a timely basis and that requests for immediate approval of hours will not be considered."

Signature _____ Date _____