Foster Home Application

Name (Please print): ____________________________________

Address: ___________________________________________ City: _______________ Zip: ________

Phone: __ __ __ - __ __ __ - __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
9. Have you ever owned animals? □ Dog □ Cat □ Other
What kind of breed?

10. How many animals presently live in your home?

<table>
<thead>
<tr>
<th>Dog</th>
<th>sex/age</th>
<th>Cat</th>
<th>sex/age</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other pets</td>
<td></td>
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</tr>
</tbody>
</table>

11. How many hours will a fostered animal be left alone while under your care?

12. Will you continue to foster animals if a medical condition arises during your foster period?

13. Do you fully understand and 100% agree that you cannot adopt fostered animals to friends, neighbors or family members? □ Yes □ No
ALL FOSTERED ANIMALS are the property of the Mission Viejo Animal Services Center and ALL FOSTERED ANIMALS must be returned for adoption at the appropriate time.

14. Do you have friends or relations that you would recommend as an additional foster parent? Please list their name and phone number:

15. Check as many of the following that apply:

I can foster:
- Pregnant cat(s)  ___
- Mom cat & kittens  ___
- Kittens (bottle fed)  ___
- Cat w/medical condition  ___
- Pregnant dog  ___
- Mother dog & pups  ___
- Puppies without mom  ___
- Dog w/medical condition  ___
- Bird(s)  ___
- Reptile(s)  ___
- Rabbit (baby)  ___
- Rabbit (adult)  ___
FOSTER HOME AGREEMENT AND INSURANCE WAIVER OF LIABILITY

Mission Viejo Animal Services

I agree to provide and maintain a well-balanced diet, give shelter and protection for any and all animals under my care and responsibility. I also agree to keep supplied collar with an ID tag on, said animal at all times. I shall observe and obey leash and curbing laws in my area, while taking the animal out in public. If said animal requires medical attention, other than an extreme emergency, I will contact shelter staff or DAWG prior to seeking veterinary care or treatment. I will not give away, adopt or give away any animal under my care and I agree that I will return this animal to the Animal Services Center when directed to do so by staff or DAWG. If I relocate, go on vacation or leave the animal with another person, I will notify Mission Viejo Shelter beforehand.

Waiver

I hereby release all liability and waive any lawsuit (s), or action against the City of Mission Viejo Animal Services (City) and all employees, officials, agents, representatives and sureties of the City. They shall NOT be responsible or liable for any injury, damage, loss or expense, resulting from any animal (s) that I am fostering.

To protect the health of our animals we prefer that you not foster for another animal shelter, rescue group, or animal organization. Should you decide to foster for another animal shelter, rescue group, or animal organization, please notify us as soon as you make that decision.

Name of Foster Home: ____________________________________________________________
Home Phone Number: _______________ Cell Phone Number: ________________
Work Phone Number: ________________ E-mail Address: _______________________
Address of Foster Home: ________________________________________________________
Date: _______________ Signature ____________________________________________
<table>
<thead>
<tr>
<th>FOR OFFICE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Received by:</strong></td>
</tr>
<tr>
<td>Foster Applicant</td>
</tr>
<tr>
<td>Animal license number(s)</td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td><strong>Comments:</strong></td>
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<td><strong>Approved by:</strong></td>
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