



Prince George's County
Department of Environment
ANIMAL SERVICES DIVISION



3750 Brown Station Road, Upper Marlboro,
Maryland 20772

Phone: (301)-780-7201

www.princegeorgespets4us.com

Spay/Neuter Saves Lives

FOSTER APPLICATION

TERMS AND CONDITIONS

1. I hereby certify that if I own a dog, cat or ferret and live in Prince George's County, the animal has a current Prince George's County license and the dog displays the license at all times.
2. I hereby certify that no one in my household has been charged with or convicted of any animal-related misdemeanor or felony, or engaged in any animal cruelty, neglect or abandonment.
3. I agree to follow all policies and procedures of PGASD, including those outlined in the Foster Care Manual, while acting as a volunteer foster caregiver for PGASD. I will immediately notify PGASD if problems arise in complying with these terms and conditions. PGASD reserves the exclusive right to determine the proper course of action to be taken upon such notification.
4. If I or someone I know would like to adopt the foster animal, they must do so via PGASD. The foster home may contribute input on a potential adopter, but PGASD retains the right to make the final decision on whether a potential adopter is approved.
5. I agree that I will actively promote the adoption of the foster animal. I agree to make the foster animal available for adoption events and to return the animal to PGASD's Animal Services Facility so he may be available for viewing by a potential adopter if requested. I agree that I will not hold a potential adopter to standards or requirements other than those imposed by PGASD.
6. I will treat all foster animals with care, and contact PGASD with any questions or concerns regarding the animal's care, health, and well being, and will provide timely and open communication. If an animal requires veterinary care, a supervisor must authorize the visit to a veterinarian currently contracted with PGASD in advance. I agree that the cost of any veterinary care for a foster animal that was not authorized prior to treatment will be at my own expense.
7. I will not release any foster animal to anyone without the express consent of PGASD. If I can no longer care for the foster animal, I must return him immediately to PGASD.
8. I agree that PGASD may conduct regular follow-up visits to my home to ensure that the foster care animal is well cared for and to determine the on-going suitability of the premises for the care and maintenance of foster care animals.
9. PGASD conducts home visits on every applicant who passes the initial screening. I agree to let a representative of PGASD visit my home.

RELEASE

For the purposes of obtaining permission from the Prince George's County Animal Services Facility and Adoption Center (ASF&AC) of 3750 Brown Station Road, Upper Marlboro, Maryland, to perform services for PGASD, I state that I am an adult at least 18 years of age. I propose to serve without compensation as a volunteer worker for such period or periods and at such time or times as may be mutually agreed upon by me and PGASD. I understand that my gratuitous services will include participation in training programs related to the foster care program at PGASD; group and organizational meetings and other places of assembly; handling of various kinds of animals; and other duties related to the purposes of PGASD. In performing any duties for or on behalf of PGASD, I will act entirely at my own risk and under the direction of PGASD's operating personnel. I am aware of the dangers inherent in the presence and handling of animals and hazards encountered in the normal course of living. I shall at all times assume the risk of and be responsible for my own actions.

Now, in consideration of PGASD's willingness to delegate to me assignments of work within the scope of PGASD's purposes, subject to the revocation of such activities by me or by PGASD at any time and from time to time, I make the following commitments:

1. I have read and understand the statements above. I certify that all the information contained in this application is true and correct. Failure to provide true and correct information will result in immediate dismissal from the foster care program. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which PGASD has asked me to provide care. I assume responsibility for all risks of loss or damage or injuries that may be suffered by me or to property owned by me or in my custody in the course of my activities on behalf of PGASD from any cause, including but not limited to ordinary negligence attributed or which might be attributed to PGASD or any of its agents, directors, officers, servants, employees or other volunteer workers, whether sustained or suffered at any premises under control of PGASD or at any other premises not under the control of PGASD, or when en route to or from all such places or premises by any means of travel, including but not limited to (a) privately owned vehicles, (b) my own automobile or vehicles borrowed by me, and (c) public transportation. PGASD is not responsible for any property damage or personal injury suffered by me, members of my household (including my own animals), or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.
2. I accept the foster animal as is and assume all risk that may arise under this agreement, including the risk of damage or injury caused by the animal (such as animal bites). On behalf of myself and my family, I hereby release, discharge, indemnify and hold harmless PGASD and its agents, directors, officers, servants, employees, and volunteer workers of and from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my foster-acceptance, care and treatment of the animal, including without limitation any treatment or handling of the animal by a veterinarian or other provider recommended by PGASD.
3. I hereby consent that PGASD and/or assignees be authorized to use my name, portrait, picture, or photograph for editorial and/or commercial purposes by PGASD.

I certify that the information provided is true and I understand that false information may result in the denial of my application.

Signature: _____ Date: _____

Name: _____ Best contact number: _____

E-mail Address: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

How long at this address? _____ If less than 2 years, please provide previous address.

Address: _____ City: _____

Drivers License (state and number): _____

I you live in a(n) (please check all that apply): House __ Apartment__ Condo__ Duplex__ Townhouse__

Mobile home__ With Parents__

Please indicate which type(s) you wish of animals you wish to foster (check boxes)

- Dog
- Cat
- Postnatal: Recovering mothers and unweaned kittens/puppies who often require bottle feeding and very gentle care
- Medical: recovering dogs/cats whose injuries or illnesses require that they receive more attentive and personalized care than the shelter can provide
- Behavioral: dogs/cats with mild behavioral issues, such as unsociability, shyness or excitability
- Senior: older animals that may not do well in a shelter environment

What energy level do you prefer (check boxes)

- High Energy (daily jogging/hiking partner)
- Medium Energy (Plays for a while but also loves lounging on the couch)
- Low Energy (slow walks/couch potato)

What size animal do you prefer?

- Small (0-30lbs)
 - Medium (30-60lbs)
 - Large (60lbs+)
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Please provide information regarding your pet(s) presently at home (*Skip if you do not have any current pets*)

Name	Species/Breed	Age	Sex	Altered?	Current Vaccinations

1. I have fostered an animal before Yes No
2. My foster pet will be kept as an indoor only pet Yes No
3. My foster dog will always be walked on a leash Yes No
4. My foster cat will always remain indoors Yes No
5. I understand that my foster animal may develop an illness at any point Yes No
6. I understand that fostering is temporary Yes No
7. I will return my foster animal at the shelters request Yes No
8. I understand I must cover daily maintenance expenses such as food and litter Yes No
9. I will notify PGASD if my foster animals exhibit signs of aggression Yes No
10. I will notify PGASD if my foster animals escape Yes No
11. I will notify PGASD if health concerns arise Yes No
12. I will be able to separate the foster from my personal pets for the first 72 hours Yes No
13. I understand PGASD is not responsible for any my personal pet's medical expenses Yes No
14. I understand PGASD may euthanize my foster animal due to health or temperament Yes No
15. Everyone in the home is in agreeance of fostering Yes No
16. Do you have a current veterinarian? Yes No

If yes, please provide clinic information _____

17. I would return my foster animal because of the following concerns:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Jumping | <input type="checkbox"/> Growling |
| <input type="checkbox"/> Barking | <input type="checkbox"/> High- energy | <input type="checkbox"/> Food/Toy aggression |
| <input type="checkbox"/> Dog aggression | <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Medical Costs |
| <input type="checkbox"/> Blind/deaf | <input type="checkbox"/> Doesn't use stairs | <input type="checkbox"/> Incontinence (leaking urine) |
| <input type="checkbox"/> Requiring special Diet | <input type="checkbox"/> Mouthing | <input type="checkbox"/> Household allergies |

On behalf of the animals, the Prince George's County Animal Services Division thanks you for your interest in the Foster Program and we look forward to meeting you soon!

Foster care applicants must complete this application every three years.