

Foster Agreement, Waiver, and Release

	I acknowledge that Columbia County Animal Control will provide what they can for the animal being fostered such as food, treats, bedding, towels, litter, litter box, toys and medical treatment including vaccines and
	alterations. I agree to pay for any extra necessary supplies for the foster animal(s) as needed. No reimbursement will be provided by Columbia County Animal Control for any expenditure I incur.
	I acknowledge that Columbia County Animal Control is not liable for any veterinary expenses outside of medical
	treatment preformed or scheduled by Columbia County Animal Control unless otherwise agreed upon.
	I agree to provide humane care, adequate shelter, food, and water for the foster animal(s) while in my care.
	I agree that I will be the primary caretaker and will ensure the health and well-being of the fostered animal(s) while in my home.
	I agree that my services as a foster care provider are given on a voluntary basis and that there will be no compensation of any kind provided by Columbia County Animal Control.
	I acknowledge that Columbia County Animal Control retains full legal ownership of fostered animal(s) and I
	agree to allow Columbia County Animal Control into my home and onto my property to perform an inspection if
	any concerns or complaints arise.
	I agree to comply with all state and local statutes, laws, ordinances, rules, and regulations applicable to the
	keeping and care of animals. I agree that any canines in my home are free from parasites and immunized against parvovirus, parainfluenza,
	hepatitis, bordetella, and rabies.
	I agree that any felines in my home are free from feline leukemia, parasites and current on feline distemper and
	rabies vaccines.
	I agree to keep any foster feline(s) indoors only.
	I agree to immediately return any and all foster animal(s) to Columbia County Animal Control in the event that I become incapable of caring for them to the best of my ability.
	I agree to administer medications, provide specific diets, and/or medical needs as needed for quality of life for the foster(s).
	I understand that failure to comply with guidelines or instructions put forth by Columbia County Animal Control may result in revocation of approval to participate in the program.
	I agree to indemnify, defend, and hold harmless Columbia County Animal Control, Columbia County and any of
	their officers, officials, employees, or agents, from and against any and all losses, damages, costs, expenses
	including reasonable attorneys' fees, obligations, duties, fines, penalties, interest charges or other liabilities
	including settlement amounts, paid or incurred as a result of any claims, demands, lawsuits, damages, actions, judgements, or proceedings, which may occur to or be suffered by me, members of my household, or any third
	parties, by reason of activities arising of this agreement, including but not limited to, any liability caused by
	accident or other occurrences resulting in bodily injury, death, sickness or disease to any person(s) or damage or
	destruction to any property, real or personal, tangible or intangible.
	I affirm that the information provided in this application and agreement is true and correct. I understand that the
	falsification of any information provided will result in revocation of approval to participate in the program.
years o	ning below, I understand and agree to the terms listed above set forth by Columbia County Animal Control, I am 18 of age or older, and that this document is binding upon me, and anyone entitled to act on my behalf. I understand blumbia County cannot anticipate or insure unexpected conduct of any adopted animal.
Signatu	nre: Date:



Foster Application

Full Name:	Pho	Phone:			
Email Address:					
Driver's License Number: _		Licens	e Expiration Date: _		
Full Address:					
Do you currently live in:	House A	partment 🗌 Ot	her		
Do you currently:	□Rent □ Ot	her			
If renting; have you discusse	d fostering an	animal(s) with y	our landlord:		
How many people are in you	Ch	Children?			
Do you have a fenced in yard	d? □Yes □	No			
If no fence, how do you inter	nd on confining	g the dog to you	r property:		
Please provide information of	on where the do	g will be when	you are not home:		
Please list any current pets:					
Name & Species	Male or Female	Spayed/ Neutered	Breed	Current on Vaccines	Years owned
Name of the animal(s) that y					
Would you be willing to fost	ering an anima	I(s) that is evide	ence in an investigat	tion! Y N	
Do you have space to keep the	ne foster anima	l(s) away from	the pets in the home	e? 🛮 Y 🗎 N	
Besides dogs and cats, are th	ere any other s	pecies you wou	ld be willing to fost	er? Describe:	

^{*}If applicable, please attach any fostering or related experience to this application as well as proof of vaccinations of pets in your home.