

FOSTER INFORMATION:

What Animal Care Center would you like to report as your Home animal care center? (Circle one)

NORTH CENTRAL SOUTH LOS ANGELES EAST VALLEY WEST VALLEY HARBOR
WEST LOS ANGELES NORTH EAST VALLEY

Are you willing to give medication? YES NO

Are you willing to bring the animal(s) into the shelter for periodic checkups and vaccinations YES NO

Do you have transportation to pickup animals from the animal care center? YES NO

Are you a member of a rescue organization YES NO

If yes, which one? _____

Have you ever been investigated by our department? YES NO If yes, please explain why _____

Why do you want to foster unweaned animals? _____

Who is your Veterinarian? _____

Do you have experience with foster care for unweaned animals? YES NO

FOSTER PREFERENCES BOTTLE BABY PROGRAM:

Kittens only _____ How many? _____

Puppies only _____ How many? _____

Both Kittens and Puppies _____ How many? _____

Do you have experience with foster care for unweaned animals? YES NO

I declare under penalty of perjury that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification.

Volunteer's Signature

Date

City of Los Angeles
Department of Animal Services

VOLUNTEER FOSTER PARENT AGREEMENT

As a Volunteer Foster Parent for the Los Angeles City Department of Animal Services (LAAS) you are required to abide by the terms of the Volunteer Foster Parent Agreement.

If accepted as a Volunteer Foster Program Volunteer and in consideration of becoming such, my initials and signature below indicate that I understand and agree to the following.

_____ Any potential Volunteer Foster Parents must have successfully completed the Departments Bottle Baby Foster training/orientation.

_____ SIGN the kennel card and become familiar with the date the baby(s) is due back.

_____ Once a fostered Puppy or Kitten is weaned (8 weeks) and (16 weeks) for a rabbit if at all possible, it must be returned to the CENTER OF ORIGIN by the Volunteer Foster Parent and re-booked into the system.

_____ UNLESS SPECIFICALLY DIRECTED by the Medical Staff or the ACT Supervisor to keep an animal passed the (8) weeks, due to illness or the animal being underweight. All foster babies must be returned to the Animal Care Center, and re-booked in the system.

_____ The Volunteer Foster Parent SHALL NOT HAVE THE AUTHORITY to decide how long to keep a baby or when to return it and must abide by the Departments policy and procedures.

_____ To return the baby(s) EVERY TWO (2) WEEKS for Veterinary check-ups, free distemper shots for foster puppies and FVRCP shots for foster kittens. Rabbit(s) should return once a month, or as needed for a medial check-up, but there is no vaccination or de-worming.

_____ Volunteer Foster Parents are required present AT THE RECEIVING DESK the designated Kennel Cards for each baby while visiting the Animal Care Center, and to have the back of the VISIT AND INVENTORY record filled out by a staff member. In the case of a lost card the Volunteer Foster Parent must call ahead of time to have a duplicate copy prepared.

_____ RECEIVE, READ and AGREE to the periodic email blasts, containing attachments like the semiannual News letter, Information News Bulletin, information about illness outbreaks; update information, changes to the Volunteer Handbook, guidelines, related documents, or changes in Department Policy.

_____ If a foster puppy or kitten dies in the care of the foster parent, the body together with the assigned KENNEL CARD must be returned TO THE CENTER of ORIGIN IMMEDIATELY, for disposal and its death noted in our system. Do not keep the bodies in the freezer at home where food is kept. The bodies may pose a health risk.

_____ To provide time, proper and sufficient food and water, shelter, kind treatment, and proper veterinary medical care for the animal(s) in my care, AT ALL TIMES.

_____ LAAS makes NO GUARANTEES , whatsoever, as to the adoption, health, temperament, mental disposition, and training of the animals.

_____ LAAS will be allowed to reasonably inspect the premises in which the animal(s) will be/are maintained, from time to time, for the purpose of determining the suitability of those premises for the care and maintenance of the animal(s).

_____ If I fail to abide by the terms of this Agreement or otherwise fail to satisfy LAAS' requirements, as determined by LAAS at its sole discretion, I will be terminated from the LAAS Bottle Baby Foster Program and all LAAS animals will be returned to a LAAS care center immediately.

_____ Foster animals are only TEMPORARILY in my care, remain the property of the LAAS and are subject to relinquishment at any time. Failure to return a foster will result in termination, a “do not adopt” status and possible legal action.

_____ I agree that I will NOT RELINQUISH CUSTODY of the foster animal(s) to anyone except LAAS.

_____ LAAS requires that the foster(s) remain in my care THE ENTIRE TIME they are being fostered. If I cannot continue to care for the foster animal(s) for any reason, EVEN TEMPORARILY, I shall return the animal(s) to one of the LAAS care centers. The animal(s) will not necessarily be returned to me when I am available again.

_____ NOT to PLACE the foster animal(s) in a DANGEROUS SITUATIONS, (i.e., riding in an open pickup truck or left unattended in a hot car). Kittens will be kept indoors or in a crate while being transported. Puppies will be secured in a crate, kennel run, or enclosed fenced area.

_____ As with all animals, LAAS does its best to find each foster animal a good home; however, LAAS is not always successful and CANNOT GUARANTEE all fostered animals will be adopted.

_____ To CONTACT an LAAS staff member immediately and to follow their instructions, if the foster animal needs medical care of any kind, including bringing the foster baby into the animal care center if so directed and leaving it in LAAS custody, or administering medications if provided. LAAS will make the decision on the final outcome of any sick animal, which may include euthanasia.

_____ Private veterinary costs incurred by a volunteer foster parent, for foster animal(s), WILL NOT BE reimbursed by LAAS. Other expenses such as food, toys, or litter will not be reimbursed. Volunteer Foster Parents will be supplied sufficient formula and milk. An initial supply is provided when the babies are picked up and an additional supply is available upon request.

NEW HOPE PARTNERS

_____ The New Hope Program and the Bottle Baby Foster Program are two separate programs. New Hope Partners who are also Volunteer Foster Parents must follow the same requirement as a Volunteer Foster Parent.

_____ To AGREE to return (for exit evaluation) the kitten(s) or puppy(s) to the center of origin once they are weaned, and pay the green listed price for each animal.

_____ If I so decide to pay for the sterilization and microchip at my own private veterinarian, to PROMPLY present PROOF of STERILIZATION and MICROCHIP to LAAS, but there is not charges for adoption, and it is not necessary to return the animal for exit evaluation.

All of the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying information on this agreement or non-compliance with any of the term and conditions mentioned above, at any time during the volunteer process, may disqualify my being a Bottle Baby Volunteer Foster Parent.

All of the information I have provided on this application is to the best of my knowledge, true and complete. I agree and understand that falsifying information on this agreement or non-compliance with any of the terms and conditions mentioned above, at any time during the volunteer process, may disqualify me from being a Volunteer Foster Parent.

(Name of Foster Parent –Print)

(Signature, Parent/Guardian if volunteer is between 16 and 17)

(Foster Parent Signature)

(Date)

**CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES**

**INDEMNITY WAIVER,
RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

I hereby agree that I will assume full responsibility for personal injury, property damage suffered and/or death sustained as a result of, or in connection with, my participation as a volunteer with the Los Angeles Animal Services (LAAS).

I agree, for purposes of this agreement, to release all employees, agents and/or volunteers collectively from and against all liability, claims, demands, damages to my person or property suffered and/or sustained as a direct and/or indirect result of my participation as a volunteer.

In connection with my participation as a volunteer, I further agree that I will not make any claim against, sue, attach the property of, and/or prosecute the LAAS for any personal injury, property damage, death, and/or whatever the cause of the event that gave rise to a claim.

I further understand that the behavior of domestic animals is unpredictable and that domestic animals are capable of spreading disease, inflicting serious personal injury, causing extensive property damage, and/or causing death. Knowing the risks of handling domestic animals, nevertheless, I hereby agree to ASSUME THOSE RISKS and to release indemnity and hold harmless LAAS, who might otherwise be liable to me (or my heirs or assigns), for damages.

It is understood and agreed that this Indemnity Waiver/Release of Liability and Assumption of Risk form is intended to be binding on my heirs, distributees, guardians, legal representatives, and/or assigns.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY. I AM AWARE THAT THIS IS AN INDEMNITY WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK FORM AND IS A BINDING CONTRACT BETWEEN LAAS AND MYSELF. I SIGN IT OF MY OWN FREE WILL.

Date: _____ Print Name: _____

Volunteer Signature: _____

Parent and/or Guardian Signature: _____