

(office us P#	e only	<sup>'</sup> )
B-check		
1 on 1 Emp. #_	Yes	No
Center _		

# CITY OF LOS ANGELES DEPARTMENT OF ANIMAL SERVICES FOSTER PARENT VOLUNTEER

Date							
CONTACT INFORMA	ATION:						
Last Name		First Nam	ne			Middle N	ame
Address		City		State		Zip Code	
(circle) Home Work C	ell Pager (	(circle) Hom	e Work C	ell Pager	( (circ	)le) Home	Work Cell Page
E-Mail Address (Require	ed field)						
Do you? Own Rent/L	ease Re	sidence Typ	e: Hous	e Condo Ap	artmen	t Mobil	le Home
If you live in an apartme	nt or other leased 1	esidence, y	ou hereby re	present that yo	ur lease	in no way	prohibits your ability t
Foster animals in your ho	ome:		· a.				
			(Sig	nature)			
HOME INFORMATIO	<u> </u>						
Do all household membe	ers agree to your fo	stering anir	nals?	YES	NO		
Do you have any pets of	your own?	YES	NO				
If you have cat (s), has it	tested negative fo	r Feline Leı	ıkemia and F	FIV?	YES	NO	
List all animals that resid	le in your home:						
Name	Breed	Age	Sex	Altered		Current o	n all vaccinations?
1							
2							
3							
4							
_							

### **FOSTER INFORMATION:**

Volunteer's Signature	:		Date
•			
I declare under penalty of perjury that all states complete to the best of my knowledge. I underst for disqualification.			
Do you have experience with foster care for unwear	aned animals? Y	TES NO	
Adult dogs How many?	Adult cats	How many	y?
Both Kittens and Puppies H	Iow many?		
Puppies only Ho	ow many?		
Kittens only Ho	w many?		
FOSTER PREFERENCES:			
Do you have experience with foster care for unwear	aned animals?	YES NO	
Who is your Veterinarian?			
Why do you want to foster unweaned animals?			
Have you ever been investigated by our departmen	at? YES NO	If yes, please explain wh	hy
If yes, which one?			
Are you a member of a rescue organization	YES NO		
Do you have transportation to pickup animals form	n the animal care center?	YES NO	
Are you willing to bring the animal(s) into the shell	lter for periodic checkup	os and vaccinations?	YES NO
Are you willing to give medication?	YES	NO	
NORTH CENTRAL SOUTH LOS ANGELES WEST LOS ANGELES	ES EAST VALLEY	WEST VALLEY	HARBOR

#### City of Los Angeles Department of Animal Services

#### **VOLUNTEER FOSTER PARENT AGREEMENT**

As a Volunteer Foster Parent (VFP) 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 <u>I understand and agree</u> to the following.

 All potential (VFP) must attend a Bottle Baby Foster training/orientation, if applicable.
 Once a fostered animal is weaned (8-10 weeks) it must be returned by the VFP to the animal care center and re-booked into the system.
 Each and every adoption of a fostered animal must be processed at one of our care centers and is subject to the guidelines for the Foster Program.
 Foster Parent Volunteers are required to sign in and out in the Log Book each time they visit a center with an approximately number of hours caring for the foster animals.
 Foster Parents agree to provide time, proper and sufficient food and water, shelter, kind treatment, and proper veterinary medical care (provided by the Animal Care Center) 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 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.

truck or left unattended in a car). Kittens mus	e, kennel run, or enclosed fenced area. Dog and cats
As with all animals, LAAS does its best to find not always successful and cannot guarantee al	d each foster animal a good home; however, LAAS is ll fostered animals will be adopted.
animal needs medical care of any kind, includ	nediately and to follow their instructions, if the foster ing bringing the animal into the animal care center if administering mediations if provided. LAAS will sick animal, which may include euthanasia.
reimbursed by LAAS. Other expenses such as Parents will be supplied sufficient formula and	er foster parent, for foster animal(s), will not be stood, toys, or litter will not be reimbursed. Foster d milk for unweaned kittens and puppies. An initial l up and an additional supply is available upon
If a foster animal dies in the care of the foster disposal and its death noted in our system.	parent, the body must be returned to the Center for
All of the information I have provided on this application is, to and understand that falsifying information on this agreement conditions mentioned above, at any time during the volunteer polynomers.	or non-compliance with any of the terms and
(Name of Foster Parent-Print)	(Signature, Parent/Guardian if volunteer is between 16 and 17)
(Name of Foster Parent-Print)	(Signature, Parent/Guardian if volunteer is between 16 and 17)

#### CITY OF LOS ANGELES DEPARTMENT OF ANIMAL SERVICES

## IDEMNITY 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 risk 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, distributes, 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 Si	onature:	