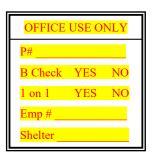


#### CITY OF LOS ANGELES DEPARTMENT OF ANIMAL SERVICES





Date:							
Last Name		First Name	· }				MI
Address		City			State	Zip	Code
Home Phone		Cell Phone	Cell Phone		Work Phone		
Email Address:							
Do You : Own	Rent/Lease	Residence T	ype: F	łouse	Condo	Apart	ment
If you Circled Rent/L	ease, has you La	andlord approved	d you to b	e a Fo	ster Parent?	YES	NO
Do all household me	mbers agree to y	ou fostering pet	s? YES	NC	)		
Do you have cat (s)?	YES NO	Have they te	sted <b>neg</b> a	<b>ative</b> fo	or FELV/FIV	? YES	NO
List all pets that resid	le at your Addres	SS:					
ا	Name	Breed	Age	Sex	Altered	Current Vaccina	
1)							
2)							
3)							
4)							
5)							
Who is your Veterina	rian?						

### Which Shelter would you like to be a Foster Parent for? (CIRCLE ONE ONLY)

EAST VALLEY	WEST VALLEY	NORTH CENTRAL
SOUTH LOS ANGELES	HARBOR	WEST LOS ANGELES
You will be required to bring fos have transportation? YES N	ster pets in periodically for check-lO	ups and vaccinations, do you
Are you willing to administer me	edication if need be? YES NO	
Are you a member of a rescue o	organization? YES NO	
If yes, which one?		
Have you ever been investigate	ed by Animal Services? YES N	10
Do you have experience with fo	ster care for adult pets and un-we	eaned pets? YES NO
Please select your preference b foster at one time:	pelow and indicate how many pets	s that you would be willing to
Kittens	Adult Dogs	☐ How many?
Puppies	Adult Cats	☐ How many?
Foster Parent Signa	ature	 Date



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



#### FOSTER PARENT AGREEMENT

As a Foster Parent for the City of Los Angeles Department of Animal Services (LAAS) you are required to abide by the terms of the Foster Parent Agreement. If accepted and in consideration of becoming such, my initials and signature below, indicate that <u>I understand</u> and agree to the following terms and conditions:

	If applicable, All potential Foster Parents must attend a Bottle Baby lorientation.	Foster 1 on 1 training or
	Once a Foster Pet is weaned (8wks for puppies/kittens) it must be returned Shelter and impounded back into Chameleon.	by the Foster Parent to the
	Foster Parent agrees to provide reasonable time, proper and sufficient treatment, and proper veterinary medical care for the pet (s) in his/her care <b>roam free.</b> If your Foster Pet escapes, you will need to provide us with a will need to provide us will need t	, at all times. Cats cannot
	As with all pets, LAAS does its best to find each Foster Pet a good home guarantee that all Foster Pets will be adopted nor guarantee, whatsoever mental disposition, and training of any of the Shelter/Foster Pets.	
	LAAS will be allowed to inspect the premises, in which the Foster Pet (from time to time, for the purpose of determining the suitability. Foster Pet my care and remain the property of LAAS and are subject to relinquishmenturn a Foster Pet will result in termination and a "do not adopt" status and	ets are only temporarily in nent at anytime. Failure to
	I agree that I <u>will not</u> relinquish custody of the Foster Pet (s) to any temporarily, and if the Foster Pet dies in my care, the body must be r disposal and its death noted in our system.	
	I agree to contact LAAS immediately, if the Foster Pet (s); need medical of be brought into the Shelter for further evaluation. At that time a decision whether the Foster Pet (s) must stay at the Shelter or if they can return to a Foster Parent will administer medications, if provided. Note: Private Veto the Foster Parent WILL NOT be reimbursed by LAAS nor will other toys, litter.	n will be made by LAAS the Foster home where the erinary costs incurred by
	I declare under penalty of perjury that all statements on this attachments are true and correct to the best of my knowledge. I misleading or incomplete information shall be cause for contermination.	understand that false,
_		
	Foster Parent Signature	Date



## 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.

Foster Parent (Print Name)	Date
Foster Parent Signature	Parent or Guardian, if between 16-17 yrs