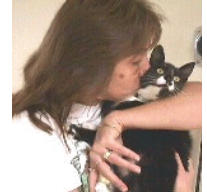




Palm Beach County
 Board of County Commissioners
 Public Safety Department
 Animal Care and Control Division
 7100 Belvedere Road
 West Palm Beach, Florida 33411
 (561) 233-1281, FAX (561) 233-1234



www.pbcgov.com/pubsafety/animal



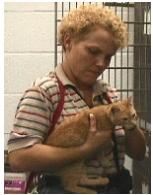
FOSTER CARE PROGRAM

WE NEED VOLUNTEERS!



WHAT IS FOSTERING?

Fostering is providing care for orphaned, sick or injured animals until such time that they are mature or healthy enough to be adopted. Once in foster care, they would be returned to the shelter periodically for a recheck before being sterilized and placed in the adoption program.



WHAT IS A FOSTER PARENT?

Foster parents are dedicated volunteers who provide a temporary home and care for animals not yet ready for adoption due to age, illness or injury.

HOW LONG DOES AN ANIMAL NEED TO BE FOSTERED?

This depends on the type of illness, injury or age of the animal being fostered. In most cases, it can be two to three weeks.



WHAT IF MY FOSTER ANIMAL/ANIMALS NEED MEDICAL CARE?

We will provide free veterinary care for common minor illnesses at the shelter on an outpatient basis for any foster animal that becomes ill while in your care. We will not treat your personal animals.



HOW DO I BECOME A FOSTER PARENT?

Complete a volunteer foster application and call 561-233-1281. The application is on-line at www.pbcgov.com/animal and click on "Volunteer".

WHAT DO I NEED TO DO TO PREPARE MY HOME?

All foster animals should be kept in a separate room away from your own pets. Consider using a spare bathroom or bedroom as the safe room for your new visitor. Keep foster animals away from personal pets whether they are the same species or not to prevent disease transmission and possible injuries.



UNABLE TO FOSTER BUT WANT TO BE INVOLVED?

Help can come in many forms. A few ways of helping are making donations of supplies, helping with the recruitment of foster parents, educating the public about spaying and neutering at our display events, or volunteering at the shelter.

For more information, please call (561) 233-1281. *Thank you for your interest in our Foster Care Program.*

8. Type of dwelling (circle one):

HOUSE APARTMENT TOWNHOUSE DUPLEX MOBILEHOME

9. Do you have any objections to Animal Care & Control checking your property?

() Yes () No Explain: _____

Does Landlord approve: () YES () NO

If you rent, Landlord's Name: _____

10. What kind of pet would you like to provide care for: Check as many as apply:

() Cat () Kitten () Puppy
() Mom & Kittens
() Dog () Small Under 25 pounds () Med 25-50 lbs. () Large over 50 lbs.

11. Are you willing to treat a Cat, Dog, Puppy or Kitten that may have an illness such as Kennel Cough or Feline Upper Respiratory? () Yes () No

12. You must keep foster animals in a separate room away from your own pets. Are you able to keep your own animals isolated away from the foster animal that you bring home? () Yes () No

13. Have you ever owned a pet? () Yes () No

14. How many in the last five years (not including current pets)? _____

15. Do you still have your pet(s)? _____ If no, please circle below.

Lost	YES	NO
Killed by car	YES	NO
Died due to illness	YES	NO
Died due to age	YES	NO
Given away	YES	NO
Brought to the Animal Shelter	YES	NO

How many pets do you currently own? () None () Cat () Dog () Other

Please List Pets that you currently own:

Pet Name	Dog (s) Breed	Cat(s) Short or Medium Hair	Age	Tag Number 09-119279	Spay/Neutered	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Foster pets must be kept separated from your own pets.

16. If you own a non-sterilized pet, why have you elected to not have your pet sterilized?

17. Foster animals (puppies, dogs, kittens or mother cats with kittens) must be housed indoors, preferably in a safe room, closed off room from the rest of the house.

18. Where will the pet sleep at night? _____

19. When outdoors, how will you contain/control the dog?

Fenced yard

On a leash

Other, explain: _____

20. If your foster pet becomes seriously ill, will must return him/her during business hours to Animal Care and Control for evaluation for medical treatment or possible euthanasia. If an emergency after 6 pm, call 233-1273.

Comments: _____

21. If requesting to foster a neonate (very young puppy or kitten), please describe in detail any experience you have had in the past. _____

22. Any other additional comments you wish to make that have not been addressed:

REFERENCES

Please list the names, addresses and phone numbers for at least two people who can verify your experience with animals.

Name

Address

Phone

I certify that all statements and answers to questions on this application are true.

Signature _____ Date _____