



**Marion County
Board of County Commissioners**

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Fax: 352-671-8717

Marion County Animal Services Foster Program Application

Thank you for your interest in Marion County Animal Services' foster program. By opening your home to a foster animal, you're giving Marion County's most helpless animals a second chance. To make sure we can match you with the right foster pet, we need some information from you. Please answer the following questions and then click submit to electronically send us this form. If you'd prefer to fill it out by hand, click print and then fax it to 352-671-8717 or bring it in to the Animal Center (5701 SE 66th St., Ocala) during regular business hours (Tuesday-Friday, 10 a.m.-5:30 p.m. and Saturday, 10 a.m.-5 p.m.).

Name: _____

Address: _____

Mailing address: _____

Phone number 1: _____

Phone number 2: _____

Driver's license number: _____

Date of birth: _____

Email address: _____

Your preferred method of contact: Phone or Email

Is it okay to add you to our email list of foster volunteers? **Yes** **No**

(This list will notify you of animals in need of foster families even if they do not fall within your preference of animals.)

Do you have children living in your home? **Yes** **No**

If yes, please list their ages: _____

How many pets have you owned within the last five years? _____

How many pets do you currently own? _____

In what type of home do you live?

Mobile home Apartment House Duplex

Do you rent? **Yes** **No**

If yes, please list the name and number of your landlord. *(Our staff will verify this response.)*

Do you have a separate, indoor room in which to isolate the foster animal from your other pets?

Yes **No**

An annual home visit is required of foster homes. Are you willing to make your home/property available to Marion County Animal Services staff for a brief home visit? **Yes** **No**

"Meeting Needs by Exceeding Expectations"

Please list the name of your pet's veterinarian or veterinary hospital.

Please list all animals living on your property. Include those which you do not own.

Name	Species	Breed	Age	License number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I would like to foster the following: (check all that apply)

Felines:

- Un-weaned kittens in need of frequent bottle feeding (1-4 weeks old).
- Kittens not requiring bottle feedings (4-8 weeks old).
- Nursing mother and kittens.
- Cats or kittens with a physical handicap.
- Cats or kittens requiring daily medication.
- Cats or kittens recovering from illness.
- Cats or kittens recovering from injury or surgery.

Canines:

- Un-weaned puppies in need of frequent bottle feeding (1-4 weeks old).
- Puppies not requiring bottle feedings (4-8 weeks old).
- Nursing mother and puppies.
- Dogs or puppies with a physical handicap.
- Dogs or puppies requiring daily medication.
- Dogs or puppies recovering from illness.
- Dogs or puppies recovering from injury or surgery.
- Dogs or puppies in need of training and/or socialization.
- Elderly dogs.

By signing this document, I agree to the following terms:

I understand that by fostering, I am taking temporary custody of an animal belonging to Marion County Animal Services (MCAS). I do NOT become the animal's owner when I take possession.

I understand that these animals may be incubating an illness that could be transmitted to my pets. MCAS will not provide medical care or treatment of my own pets in the event they become ill or injured.

I acknowledge that MCAS has limited means by which to diagnose or recognize all conditions.

MCAS cannot guarantee the behavior of this animal.

I understand the veterinary staff at MCAS will provide basic medical needs of foster animals, but have limited resources and may not be able to treat or repair some conditions. In the event of certain illnesses or injury of foster animals, the staff veterinarian may advise euthanasia.

In the unfortunate circumstance that the fostered animals in my care perish, I agree that I will return the deceased animal to MCAS.

I understand that should I wish to adopt an animal I am fostering, I will be required to follow standard adoption procedures and pay adoption fees.

I understand that I must meet all [adoption eligibility guidelines](#) if I choose to adopt. (Including limited number of adoptions.)

I agree that foster animals in my care will remain at my home address listed above.

I will not take foster animals to another residence or permit anyone other than MCAS to remove the animals from my residence.

I recognize that I am required to adhere to all Marion County laws pertaining to animals, which are available at www.marioncountyfl.org/animalservices.htm.

Neither I, nor anyone residing in my residence has ever been convicted of animal cruelty, neglect or abandonment in any state.

I am at least 18 years of age.

If this application is approved by Marion County Animal Services, it will also serve as the foster contract and I am bound by its terms. In the event that I breach this contract, or do not return the animal(s) for medical care or upon the end of the necessary time commitment as designated by MCAS, the foster animal(s) will be removed from my home and permission to foster animals in the future through MCAS will be revoked.

Signature: _____ Date: _____

(To be signed at the Animal Center when picking up foster animals).