



Marion Board of County Commissioners

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Animal Control: 352-671-8727
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 are 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

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

Please list all animals living on your property. Include those that 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 certify to the truthfulness of my representations and agree to the following terms:

1. **At Own Risk.** I understand that fostering is done at my own risk, which I assume voluntarily, with no guarantees or promises made by Marion County Animal Services ("MCAS") regarding health and safety of myself, my family, my animals, and/or my property. On behalf of the undersigned, my heirs and assigns, I fully, irrevocably, and unconditionally, release and agree to hold harmless MCAS, Marion County, the officials, employees, and volunteers, and agree to indemnify same for all suits, claims, or actions of every name and description brought against them based on personal injury, bodily injury (including death) or property damages received or claimed to be received or sustained by any person or persons, including attorney's fees and fees on appeal, arising from or in connection with the foster animal and/or the fostering.
2. **No Guarantees.** MCAS cannot guarantee the behavior or health of any foster animal. I acknowledge that MCAS has limited means by which to diagnose or recognize all conditions. I understand that any foster animal 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.
3. **If Medical Care Needed.** Should any foster animal in my care require medical attention, I agree to timely bring the animal to MCAS veterinary staff at no cost to me or to a veterinarian of my choice entirely at my own expense. 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 MCAS staff veterinarian may advise euthanasia. In the unfortunate circumstance that a fostered animal in my care were to perish from any cause, I agree to return the deceased animal to MCAS.
4. **No Ownership.** I understand that by fostering, I am taking temporary custody of an animal belonging to MCAS. I do NOT become the foster animal's owner when I take possession.
5. **Adoption is Available.** 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.
6. **Will Remain Home.** I agree that every foster animal in my care will reside at my home address listed above. I will not remove any foster animal to another residence or permit anyone other than MCAS to do so.
7. **Comply with Laws.** I recognize that I am required to adhere to all Marion County laws pertaining to animals, of which I have familiarized myself, same being accessible at <https://www.marioncountyfl.org/departments-agencies/departments-a-n/animal-services/animal-control-and-pet-laws>. All terms and conditions therein are incorporated herein as if set forth in full.
8. **No Animal Criminality.** Neither I, nor anyone residing in my residence, has ever in any state been convicted of or pled no contest to animal cruelty, neglect or abandonment and no such charges are pending.
9. **Of Majority Age.** I am at least 18 years of age.

If this application is approved by MCAS, it shall also serve as the foster contract, with no other representations or promises made, and I am bound by its terms. In the event that I breach any provision of this contract or if upon demand of MCAS or at the end of the necessary time commitment as designated by MCAS, I fail to return a foster animal to MCAS, all animals I am fostering from MCAS shall be removed from my home and permission to foster animals in the future through MCAS shall forthwith and without further notice be revoked.

Signature: _____ Date: _____

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