



**Marion County
Board of County Commissioners**

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
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Marion County Animal Services Youth Foster Program Application

Thank you for your interest in the Marion County Animal Services Youth Foster Program. By opening your home to a foster animal, you're giving Marion County's most helpless animals a second chance.

Please answer the following questions to make sure we match you with the right foster pet for your family.

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

What school do you attend? _____

Preferred method of contact:  Phone  Email  Text

Do you want to be added 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.)

Parent/Legal Guardian Name: _____

Phone: _____

Email Address: _____

Preferred method of contact:  Phone  Email  Text

Do you have siblings at home?  Yes  No

If yes, please list their ages: _____

Is your family willing to make your home/property available to Marion County Animal Services staff for a brief home visit?

 Yes  No

Do your parents/guardians own or rent your home?  Own  Rent

If renting, please list the name and phone number of your landlord. (Our staff will verify this reference) _____

In what type of home do you live?

 House  Apartment  Duplex  Mobile Home

Do you have a separate, indoor room, in which to isolate the foster animal from other animals?  Yes  No

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

How many pets has your family owned within the last five years? _____

How many pets currently live in your home? _____

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

Name	Species	Breed	Age	License Number
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Why would you like to help by being a foster care parent?

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

1. We understand that by fostering, we are taking temporary custody of animals that belongs to Marion County Animal Services (MCAS).
2. We understand that we do NOT become the animal's owner when we take possession.
3. We understand that while fostering for MCAS, those animals will be the only foster animals in our home.
4. We understand that the animals may be incubating illnesses that could be transmitted to our own pets. We acknowledge that MCAS has limited means by which to diagnose or recognize all conditions.
5. We 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 some conditions. In the event of certain illnesses or injuries the veterinarian staff may advise euthanasia.
6. In the unfortunate circumstance that a foster animal in our care should perish, we agree to return the deceased animal to MCAS.
7. We understand that MCAS will not provide medical care or treatment for our own pets in the event that they become ill or injured.
8. We agree that foster animals in our care will remain at the home address listed on the foster application and that if we move we will keep that information current with MCAS.
9. We will not take foster animals to another residence or permit anyone other than MCAS to remove the animals from our residence.
10. We understand that MCAS cannot guarantee the behavior of the animal and therefore is not responsible for any injuries or personal items that may be damaged by the animals in our care.
11. We understand that if we wish to adopt an animal we are fostering we will be required to follow standard adoption procedures, current eligibility guidelines and pay the adoption fees.
12. We recognize that we are required to adhere to all Marion County laws pertaining to animals, which are available at:
www.marioncountyfl.org/animalservices
13. We testify that no one residing in our residence, including us, has ever been convicted of animal cruelty, neglect or abandonment in any state.

If this application is approved by Marion County Animal Services, it will also serve as the foster contract and we are bound by its terms. In the event that we breach this contract, or we 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 will be removed from our home and permission to foster animals in the future through MCAS will be revoked.

As the parent of the minor listed above, I do hereby agree to supervise the care of the foster animal(s) in our care. I agree to bring the animal(s) to MCAS for vet care, as needed, for the duration of time the animal(s) is in our care. I agree to return the animal(s) at the appointed time. I further agree that the majority of the care of the animal will be performed by the minor listed so they can receive the community service hours awarded for the services provided.

Parent/Guardian Signature

Date

Applicant Signature

Date