

FOSTER FAMILY APPLICATION
Bloomington Animal Care and Control

Name _____

Address _____

Home Phone _____ **Work Phone** _____

Email _____

Please *circle* your answer: I own / rent I live in a house / apartment

If rent, who is your landlord? _____ Phone _____

Do you have a fenced yard? Yes No What type of fence? _____

How many adults in your home? _____ Children? _____

Ages of children? _____

Who will be responsible for the care of your foster companion? _____

Have you previously adopted from this shelter? Yes _____ No _____ When? _____

.....

Companion Animals Currently in Your Home:

Species _____ Name _____ Age _____ Spayed / Neutered

Species _____ Name _____ Age _____ Spayed / Neutered

Species _____ Name _____ Age _____ Spayed / Neutered

Species _____ Name _____ Age _____ Spayed / Neutered

Who is your current veterinarian?

In whose name are those records?

PLEASE SEE OTHER SIDE

Please indicate (*circle*) the companion animals you prefer to foster:

Cats Female cats with babies Kittens
Cats who need socializing / are stressed in a shelter environment
Dogs Female dogs with babies Puppies
Dogs who need socializing / are stressed in a shelter environment
Others (please specify) _____

1. What length of time are you willing to foster a specific companion?

2. Please indicate any restrictions/preferences you have regarding the breed/breed mix, personality, size, or sex of a foster companion:

3. Do the companions you foster need to be spayed/neutered? _____ Yes
_____ No

By applying to serve as a foster care guardian for Bloomington Animal Care and Control's companion animal(s), I, the undersigned, hereby understand and agree as follows:

I will be responsible for the welfare and humane care of the companion animal(s) placed in my home; and

The companion animal(s) is the property of the City of Bloomington, and, therefore, any sale, trading, or re-homing of the animal(s) without prior written consent from the City of Bloomington is strictly prohibited; and

I will notify the City of Bloomington Animal Care and Control Division within twelve (12) hours if the companion animal(s) in my charge becomes ill, lost, bites me or anyone else, or threatens the well-being of any other animal; and

I will provide Animal Care and Control updates on the companion animal(s) health and well-being upon request; and

I will make the companion animal(s) available for off-site adoption events as needed;

I will return the companion animal(s) to the Animal Shelter when requested; and

(CONTINUED)

**If I can no longer care for the companion animal(s), I will immediately contact
Bloomington Animal Care and Control and make arrangements to return the
animal to the Animal Shelter; and**

**I will comply with all Bloomington Municipal Code provisions governing
companion animals; and**

**I understand that the companion animal(s) in my guardianship may or may not be
placed in adoptive homes; and**

**I further understand that serving as a foster care guardian carries with it certain
risks of physical injuries, including but not limited to, bites, scratches, and other
injuries; and**

**If approved to serve as a foster care guardian, I will assume the risk for any and all
injuries that may arise while caring for Bloomington Animal Care and Control's
companion animal(s) and will release, hold harmless, and indemnify the City of
Bloomington, its Division of Animal Care and Control, the Animal Shelter, and the
employees, officers, agents and assigns of these entities from any claim or claims
which may arise out of any incident connected with or in any way related to the
undersigned's participation as a foster care guardian. This includes claims for
personal injury, property damage, and/or any other type of harm or injury.**

Signature_____ Date_____

FOR STAFF USE

Date requested

Date completed

Landlord

Vet

C.3

Approved? _____Yes _____No (If no, why?)

.....