

Animal ID # \_\_\_\_\_

### Foster Care Application

South Animal Care and Adoption Center  
5100 West Eau Gallie Boulevard • Melbourne, FL 32934  
Phone: 321-253-6608 Fax: 321-253-6623

Hours of Operation:  
Monday, Wednesday, Friday, and Saturday 10 a.m. – 5 p.m.  
Tuesday and Thursday 11 a.m. – 6 p.m.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. or Dept. \_\_\_\_\_ Cell # \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ How Long? \_\_\_\_\_  
Are you a resident of Brevard County? \_\_\_\_\_ How Long? \_\_\_\_\_  
Do you presently own other animals? \_\_\_\_\_ How Many? \_\_\_\_\_  
Please describe your other animals:(Breeds, Age, Sex) \_\_\_\_\_

Which of your animals are neutered? \_\_\_\_\_

What is the name of your veterinarian? \_\_\_\_\_

Do you plan to keep the Foster Care animal Indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_ Both? \_\_\_\_\_

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ What ages? \_\_\_\_\_

I \_\_\_\_\_, agree to provide temporary foster care for the following animal(s)  
(species) \_\_\_\_\_, (breed) \_\_\_\_\_, (color) \_\_\_\_\_ (sex) \_\_\_\_\_ that has been

left in the care of the South Animal Care Center, I understand that the custody of the animal will be temporary and that upon the request of the South Animal Care Center, I will return said animal immediately to the South Animal Care Center located at 5100 West Eau Gallie Boulevard, Melbourne, FL 32934

**Please read and initial the following:**

\_\_\_\_ 1. I will comply strictly with all instructions by the South Animal Care Center and will not alter from any instructions as to the care and maintenance of the animal without consulting with a representative of the South Animal Care Center.

\_\_\_\_ 2. I will provide the animal(s) with adequate and necessary food, water and veterinary care at my expense. Likewise, I will continue to provide the necessary flea, tick and heartworm preventative at my expense. I will also contact the South Animal Care Center immediately in the case of illness or injury to the animal.

\_\_\_\_ 3. I will comply with all laws and ordinances applicable to said animal in the State of Florida and Brevard County.

\_\_\_\_ 4. I agree that the South Animal Care Center or Brevard County shall not be responsible for any damages caused or illnesses inflicted by the foster animal to any person or property.

\_\_\_\_ 5. This agreement is **not transferable**. If I am unable to care for said animal I will immediately **return** the animal to the South Animal Care Center.

\_\_\_\_ 6. I give permission to the South Animal Care Center representatives to enter upon my Premises at any time upon reasonable notice for the purpose of determining whether or not I am complying with this Agreement, and to remove said animal(s) if not satisfied with its care.

\_\_\_\_ 7. I agree to properly supervise the animal(s) at all times. I will be physically present if the animal is allowed outside during which time the animal will either be in a fenced area or leashed.

\_\_\_\_ 8. I agree that anyone interested in adopting the fostered animals, including myself, must go through the standard adoption process, and I will return the animal(s) to the South Animal Care and Adoption Center to complete the adoption.

\_\_\_\_ 9. This Agreement is signed **freely and voluntarily**.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
South Animal Care and Adoption Center Representative

\_\_\_\_\_  
DATE