



Inyo County Animal Shelter

1001 County Road; Big Pine, CA 93513
760-938-2715 or FAX: 442-228-5021

Thank you for your interest in joining our foster care program. If you have never had the opportunity to foster before, you may be given a chance to experience all the joys of caring for an animal in need without the lifetime of responsibility. We offer training prior to any animals being put in your care. We will also provide food, litter and arrange for medical treatment if necessary.

Please read this overview carefully, and then fill out the attached foster application. Please return foster application and agreement in person to:

Inyo County Animal Shelter
1001 County Road
Big Pine, CA 93513

(760) 938-2715—Office phone
(442) 228-5021—FAX
E-mail: ICAREforPets@gmail.com

FOSTER CANDIDATES

The Inyo County Animal Services Foster Care Program is set up to help animals who have a good chance of survival, but who are either too young for our adoption program, or are sick or injured. The animals that would be helped through the foster program might otherwise face euthanasia. Without the help of volunteers like you, who open their hearts and homes to animals in need a number of our animals may not find their way into a loving permanent home. Your help will be invaluable to these animals.

SUPPORT SYSTEM FOR FOSTER PARENTS AND THEIR ANIMALS

Inyo County Animal Services asks you, as Foster Parents, to provide water, shelter and lots of love. Again our staff will provide you with food, litter and any necessary veterinary care and medicine.



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FOSTER PROGRAM RESIDENCE EVALUATION

Date _____ Interviewers _____

Prospective Foster Home: Name _____

Address _____

Phone _____

Type of residence: House ___ Condo ___ Apartment ___ Mobile Home _____

Is the yard fenced in? _____ How high? _____ Made of? _____

Is the area/residence adequate as a fostering location? _____

Other animals at residence _____

Will the animal(s) be kept: inside ___ outside ___ in a cage/kennel _____

Number and ages of children: _____

(Note: Young children are not to have access to the animal unsupervised by an adult)

What type of animals are the prospective foster parents interested in caring for?

Application approved? _____ Site approved? _____

Reasons for denial _____

Signatures of interviewers:

I have agreed to allow Inyo County Animal Services staff to inspect my home to determine the suitability of my residence as a foster home.

Signature _____ Date _____



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Prior to being accepted into the Foster Care Program, applicants will be required to work one day in the Inyo County Animal Services Shelter assisting the Shelter Manager with maintenance. **I have read and understand the information and questions contained in the Foster Care Program overview. I also agree to follow these guidelines as set forth.**

RELEASE, HOLD HARMLESS & AGREEMENT NOT TO SUE

I, _____, fully understand that my participation in the Inyo County Animal Services Foster Care Program (hereinafter referred to as Program) exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in the Program and agree to assume any such risk.

I hereby release, discharge and agree not to sue the County of Inyo, its agents, officers and employees, for any injury, death or damage to or loss of personal property arising out of, or in connection with my participation in the Program from whatever cause, including the active or passive negligence of the County of Inyo, its agents, officers and employees or any other participant in the Program.

In consideration of being permitted to participate in the Program, I hereby agree for myself, my heirs administrators, executors and assigns that I shall indemnify and hold harmless the County of Inyo, its agents, officers and employees from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Program.

I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign it of my own free will.

Signature: _____ Dated: _____

Witness for the County: _____