



CITY OF SAN ANTONIO ANIMAL CARE SERVICES

4710 State Highway 151 San Antonio, Texas 78227

Office: (210) 207-6669 Fax: (210) 207-6673

Email: ACSrescue-foster@sanantonio.gov



Foster Application

APPLICANT INFORMATION			
Name:		Date:	
Street Address:		City/State:	Zip:
Tel: Phone 1	Phone 2	Phone 3	
Email:			
Date of Birth:	Driver's License #:		State:

Applicant Must Provide Copy of a Government-Issued ID Prior to Fostering an ACS Pet

EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Tel: Phone 1	Phone 2	
HOUSING INFORMATION		
Why do you want to foster?		
Housing: <input type="checkbox"/> House <input type="checkbox"/> Apartment	Do You: <input type="checkbox"/> Rent <input type="checkbox"/> Own	
If renting, name of Landlord:	Landlord Phone:	
I <input type="checkbox"/> have <input type="checkbox"/> have not gotten landlord permission & paid, if any, my pet deposit.		
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	What kind of fence do you have? <input type="checkbox"/> Chain Link <input type="checkbox"/> Wooden/Privacy	How tall is your fence?
On an average workday, how many hours will your foster pet be left alone?		
Where will your foster pet stay when you are not home? <input type="checkbox"/> Roaming loose outside <input type="checkbox"/> Roaming loose inside <input type="checkbox"/> In a Crate <input type="checkbox"/> In a Separate Room <input type="checkbox"/> Other:		
Where will your foster pet stay at night? <input type="checkbox"/> Roaming loose outside <input type="checkbox"/> Roaming loose inside <input type="checkbox"/> In a Crate <input type="checkbox"/> In a Separate Room <input type="checkbox"/> Other:		
Do you have the ability to separate personal pets from foster pets for at least 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the ability safely transport foster pets to ACS for medical treatment, meeting adopters and events? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Once pet is medically cleared for adoption, will you be able to attend adoption events at least once a month? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, Please Explain:		

IMMEDIATE FAMILY INFORMATION (Please list all members of your household that live with you and their relationship to you)		
NAME	AGE	RELATIONSHIP



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PLEASE ATTACH CURRENT COPY OF ALL PETS VACCINATION HISTORY AND PROOF OF SPAY/NEUTER WITH YOU APPLICATION.
(please note, a clear, readable photo of the certificate is acceptable)

CURRENT PET INFORMATION (REQUIRED) (Pets that are currently in your home - Please list ALL pets)					
PET'S NAME	BREED/TYPE	AGE	SEX	STERILIZED?	INSIDE PET?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VETERINARIAN INFORMATION	
Veterinarian Name:	Tel:

I AM ABLE TO FOSTER ANIMALS WHO ARE/HAVE: (please check all that apply)								
PET CONDITION	DOGS				CATS			
	Bottle	Gruel	Weaned	Adult	Bottle	Gruel	Weaned	Adult
Healthy	<input type="checkbox"/>							
Sick	<input type="checkbox"/>							
Behavioral	<input type="checkbox"/>							
Injured	<input type="checkbox"/>							
Sarcoptic Mange	<input type="checkbox"/>							
Demodex Mange	<input type="checkbox"/>							
Ringworm	<input type="checkbox"/>							
Hospice	<input type="checkbox"/>							
Other (please specify)	<input type="checkbox"/>							

Are you able and willing to foster Heartworm Positive dogs?
 Yes No Need More Information



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FOSTER AGREEMENT

I hereby agree to serve as a foster for the City of San Antonio Animal Care Services (ACS); a City-funded agency located at 4710 State Highway 151, San Antonio, Texas 78227, under the following terms and conditions:

	I have read and understand the ACS Patron Conduct Policy (located on the department's website) and understand that my conduct in regards to positive communication with the department begins at time of submittal of this foster application.
	I understand that the pet I have taken into foster is under the ownership of the City of San Antonio and Animal Care Services until the pet has been legally adopted and all applicable paperwork and fees have been tendered.
	I acknowledge that during my service with ACS, I may become privy to private or confidential information regarding, but not limited to, ACS, its employees, impounded animals and customers/clients. I hereby agree to hold all such information in the strictest confidence and shall not disclose or discuss such private or confidential information with any third party.
	I understand the behavior of animals is sometimes unpredictable and some animals are capable of inflicting disease, serious personal injury, death or extensive property damage. I understand that my foster activities on behalf of the ACS may place me in a hazardous situation and could result in injury to myself, family, pets and my personal property. I agree to indemnify, defend and hold ACS, and its agents, officers, directors, and employees free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgments of every kind and description that may occur to or be suffered by me by reason of activities arising out of this agreement.
	In the event the ACS is not able to timely reach my Emergency Contact, I authorize the ACS to seek emergency medical treatment for me in case of an accident, injury, or illness.
	I further agree to indemnify, defend, and hold the ACS, its agents, officers, directors, and employees harmless from and against any and all claims, demands, liabilities, causes of action, damages, costs (including reasonable attorneys' fees and disbursements) and judgments made or incurred by or found against them, resulting from or arising out of: (i) any breach or default by me of any term or provision of this agreement; or (ii) any negligent or willful act or omission by me with respect to my services pursuant to this Agreement.
	I understand that the ACS, without notice or hearing, may terminate my foster status at any time, for any reason, with or without cause.

APPLICANT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Status: <input type="checkbox"/> Approve <input type="checkbox"/> Reject	Reject Reason:	Person ID:
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