

# Foster Caregiver Application and Agreement



**Return application by mail or in person:**

Baltimore County Animal Services  
 Attn: Foster Coordinator  
 13800 Manor Road, Baldwin, Maryland 21013

**Return application by email:**

[bcasfoster@baltimorecountymd.gov](mailto:bcasfoster@baltimorecountymd.gov)

**Return application by fax:** (410)817-4257

|  |         |             |      |
|--|---------|-------------|------|
| Full Name:   |         | Date:       |      |
| Street Address:  |         |             |      |
| City:  | County: | State:      | Zip: |
| Home Phone:  |         | Cell Phone: |      |
| Email:   |         |             |      |
| Date of Birth:<br><i>(Foster must be at least 18 years of age)</i> |         | Work Phone: |      |

If you have lived at your current address less than two years, please list your previous address:

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Do you currently: Rent Own Other: \_\_\_\_\_

Do you live in a: House Town/Rowhome Apartment Condo Other: \_\_\_\_\_

Have you been approved for fostering by your landlord / owner of the home / home owner's association? Yes No N/A

Landlord / Owner's name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(to verify if animals are allowed)*

Do you have any restrictions on number of animals, size, or breed from your landlord, homeowner's association, or insurance company? (Please include any personal restrictions here as well.)

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Please list persons currently living with you:

| Name | Age | Relationship to You | Contact Number |
|------|-----|---------------------|----------------|
|      |     |                     |                |
|      |     |                     |                |
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|      |     |                     |                |
|      |     |                     |                |
|      |     |                     |                |

Do any members of your household have pet allergies? Yes No If yes, please explain:

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Will any other people help with your foster duties? Yes No If yes, please explain:

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How many hours per day will your foster animal(s) be without adult care? \_\_\_\_\_

Will you be able to keep your foster animal(s) separate from your own animals for at least two weeks?  
Yes No

Where do you plan to keep your foster animal(s)? \_\_\_\_\_

Do you have an enclosed outdoor area? Yes No If yes, how high is the enclosure? \_\_\_\_\_

Do you have an area to quarantine/isolate an animal, if necessary, for the duration its stay? Yes No  
If yes, please explain:

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Please list all current pets in your household:

| Name | Type/Breed | Age | Sex | Spayed/Neutered? |
|------|------------|-----|-----|------------------|
|      |            |     |     |                  |
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Are your animals up to date on veterinary care, such as core vaccinations deworming and flea/tick prevention? Yes No Unsure

*\*Note: Rabies vaccinations are required by law.*

What is the name and contact information of your current veterinarian?

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Are all of your animals currently licensed with Baltimore County? Yes No Unsure

Tell us more about the animals currently living in your home. Do they get along well with other cats or dogs? Do they have any medical conditions that require special treatments, diet, medications, etc.?

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Why do you want to be a foster caregiver?

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What types of animals will you be willing to foster?

|   | Check |
|---|-------|
| <b>Dogs:</b>  |       |
| Pregnant or nursing mothers with young litters  |       |
| Adult dogs with mild behavioral issues that need socialization                          |       |
| Adult dogs recovering from injury or illness (administering medication may be required) |       |
| <b>Puppies:</b>   |       |
| Underage puppies needing to be bottle fed (1-5 weeks old)                               |       |
| Underage self-feeding puppies (4-8 weeks old)   |       |
| Shy or fearful puppies that need socialization  |       |
| Puppies recovering from injury or illness (administering medication may be required)    |       |
| <b>Cats:</b>  |       |
| Pregnant or nursing mothers with young litters  |       |
| Adult cats with mild behavioral issues that need socialization                          |       |
| Adult cats recovering from injury or illness (administering medication may be required) |       |
| <b>Kittens:</b>   |       |
| Underage kittens needing to be bottle fed (1-5 weeks old)                               |       |
| Underage self-feeding kittens (4-8 weeks old)   |       |
| Shy or fearful kittens that need socialization  |       |

|  |  |
|--|--|
| Kittens recovering from injury or illness (administering medication may be required) |  |
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Are you interested in fostering animals not listed above, such as small mammals, birds, and reptiles?

Yes No Unsure If yes, please explain:

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What amount of time are you willing to commit to fostering? 1 week 2 weeks 4 weeks or more

Have you fostered animals before? Yes No If yes, with what organization(s)?

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Do you have any experience socializing fearful puppies or kittens? Yes No If yes, please explain:

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Do you have any experience training and working with dogs who have not been housebroken / crate

trained? Yes No If yes, please explain:

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Do you have a preference on what size of dog you can fosters? Yes No If yes, please explain:

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Do you have any experience bottle feeding puppies and/or kittens? Yes No If yes, please explain:

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If you are interested in fostering bottle fed puppies or kittens, are you able to commit to feeding every 2 to 4 hours until the animal is weaned? Yes No Unsure

Are you able to commit to and/or have reliable transportation to bring your foster back to Animal Services every 2 to 4 weeks for regular check-ups or in the event of an emergency? Yes No Unsure

**I have answered the questions above truthfully and completely to the best of my ability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE INDICATE THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT BY ENTERING YOUR INITIALS BESIDE EACH.**

\_\_\_\_\_ I understand that acting as a Foster Caregiver is provided on a strictly volunteer basis. I am not considered a County employee and will receive no reimbursements, pay, benefits, or compensation of any kind from Baltimore County, the Animal Services Division, or any of its agents, employees, officials, assigns and designees.

\_\_\_\_\_ I understand that the foster animal(s) I am receiving are the property of Baltimore County Animal Services (“BCAS”). I am a temporary caregiver with the intent of providing the animal with all of his/her physical, emotional and mental needs. I will facilitate socialization of the animal with people and other animals to the extent possible and practical, and properly exercise the animal with the goal of increasing the animal’s likelihood of being adopted and thriving in its permanent home. I will keep the foster animal, its housing and its bedding clean and free from fleas, ticks and other parasites.

\_\_\_\_\_ BCAS reserves the right to check on the welfare of any foster animal(s) in my care and to reclaim the animal back into the care of BCAS in the event that I do not comply with this Agreement and any other foster guidelines and manuals, as required by BCAS. I understand that refusal to allow an inspection of the residence may lead to the revocation of fostering privileges.

\_\_\_\_\_ I understand that although BCAS takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the health, temperament, behavior, actions, mental disposition, and training of any of the animals in the foster program.

\_\_\_\_\_ I understand that there are risks to introducing foster animals to my own animal(s) and I assume that risk. I understand that it is recommended that I keep my animal(s) separate from the foster animal(s) for at least two weeks. If introduced, I will supervise the animals at all times. I understand that there is always a potential risk of disease transmission when exposing my own animal(s) to other animals. This risk is minimized if my animals are current on their vaccinations, maintain a healthy diet and lifestyle, and are free from parasites. I have discussed these risks with my veterinarian and assume all liability for my animal’s care. I understand that BCAS cannot treat my owned animals if they become ill from contact with a foster animal.

- Suggested vaccinations include: Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4-in-1 booster), Bordetella (kennel cough), Feline Panleukopenia, Rhinotracheitis, Calicivirus (3-in-1 booster), and Feline Leukemia.

\_\_\_\_\_ I understand that BCAS may provide me with starter supplies, but I am responsible for providing any additional food, upkeep, litter, incidentals or other supplies needed for my foster animal(s) for the duration of its/their stay in my home. Any medication, food and any other supplies that are provided by BCAS are for use on foster animals only, and are not to be administered to or used on animals that are not the property of BCAS. Any unused medication(s) shall be returned to BCAS with the animal.

\_\_\_\_\_ I shall follow any decisions made regarding the return and/or the disposition of the foster animal(s). I can be asked to return the animal to BCAS at any time and I shall comply. If I can no longer

care for my foster animal(s), I agree to contact the Foster Coordinator immediately and allow time to coordinate the animal's return. However, I may return my foster animal at any time, with or without notice, if I feel that my safety or the safety of my family or my own animals is/are at risk.

\_\_\_\_\_ I shall bring the foster animal(s) to the shelter for all medical care unless directed otherwise. I will only bring the foster animal(s) to an emergency vet if pre-authorized and instructed to do so by a representative of BCAS. Private Veterinary costs incurred by me SHALL NOT be reimbursed by BCAS. For all foster questions or emergencies, I can contact the Shelter at (410) 887-7297 during normal business hours. For after hour emergencies, I can contact the Foster Coordinator at the provided emergency number.

\_\_\_\_\_ I understand that I do not have the right to keep, adopt, transfer, or place the foster animal(s) in other homes or with other individuals. While BCAS will accept adoption recommendations from me, I will not promise anyone they can adopt my foster animal. All adoptions must be processed through BCAS at either the shelter or an offsite adoption event.

\_\_\_\_\_ I shall not post pictures of my foster animal(s) on Facebook or any other internet/social media site unless given prior permission by the Foster Coordinator.

\_\_\_\_\_ I agree to keep all foster animal(s) securely indoors unless accompanied by me. Dogs must be on a leash when not in a secure fenced area and cats are to remain indoors at all times unless being transported in a secure carrier that was made for an animal. The foster animal(s) shall not be left outdoors for extended periods of time without supervision.

\_\_\_\_\_ I will immediately to notify BCAS if the foster animal(s) escape(s) from my home or is/are lost while in my care.

\_\_\_\_\_ I will immediately notify BCAS of any and all scratches or bites. If the foster animal dies in my care, the body must be returned to BCAS for disposal and its death properly processed through BCAS.

\_\_\_\_\_ After taking the animal(s) into foster care, I will:

- Bring in animals under 4 weeks of age weekly for weight checks.
- Bring in animals 4-8 weeks of age bi-weekly for weight checks and vaccinations.
- Bring in older animals at bi-weekly or monthly intervals depending on their status.
- Return the foster animal(s) to BCAS for sterilization on an agreed upon date. Once an animal is returned to BCAS for sterilization, the animal(s) shall not return to the foster home and will remain at BCAS to be made available for adoption, unless prior approval is granted by BCAS.

\_\_\_\_\_ I certify that neither I nor any person residing in the household where the animal(s) will be fostered have/has ever been charged with or convicted of animal cruelty, neglect or abandonment.

\_\_\_\_\_ I have received and reviewed the Baltimore County Foster Caregiver Manual on \_\_\_\_\_ (date received).

\_\_\_\_\_ I will comply with all local, state, and federal laws regarding animal care.

- I understand that a current rabies vaccination is required by law for all cats and dogs over four months of age. I will either provide a copy of current rabies certificate(s) or grant permission for BCAS to contact my veterinarian to obtain a copy of current rabies certificates(s) for all dogs and cats in my home that are over four months of age.
- I understand that it is required by law for all cats and dogs over four months of age to be licensed with Baltimore County. If any of my animals are not currently licensed with the County, I agree to obtain licenses for each one.

\_\_\_\_\_ I will be notified when an animal is available. I understand that the first available Foster Caregiver to respond will be allowed to retrieve the animal.

\_\_\_\_\_ I am a resident of Baltimore County, Maryland or I am currently employed by Baltimore County Animal Services.

\_\_\_\_\_ I understand that fostered animals must be kept at my primary residence and I must promptly advise BCAS in any instance in which a fostered animal must be housed in another location for any reason and shall not relocate the fostered animal without prior approval. If I change residences I will notify BCAS immediately.

**Indemnity:**

\_\_\_\_\_ I hereby release, discharge, indemnify and hold harmless Baltimore County, Maryland, including its agents, employees, officials, assigns and designees for any and all personal injuries or damages to property caused by the foster animal(s) and/or arising out of this Agreement, which may occur to or be suffered by me, members of my family, or any third parties. Nothing contained in this Agreement shall be construed in a manner to create any relationship between myself and Baltimore County, Maryland, other than expressly specified herein and the parties shall not be considered partners or co-venturers for any purpose on account of this Agreement.

**Insurance**

\_\_\_\_\_ If the Foster Caregiver maintains a homeowner’s or renter’s insurance policy, as applicable, they must submit proof thereof with this application and Agreement.

**I have read, understand, and agree with all the terms and conditions stated in this document and as set forth above:**

\_\_\_\_\_

**Signature of Foster Caregiver**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of BCAS Staff Representative**

\_\_\_\_\_

**Date**