



Delivering Excellence Every Day

Animal Services Department
7401 N.W. 74th Street
Miami, FL 33166
www.miamidade.gov/animals

FOSTER FAMILY APPLICATION

Personal Information

Last Name	First Name /Middle initial	Driver's License Number
Home Phone	Cell Phone	E-mail
Street Address	City	Zip
County	Date of Birth	Today's Date

Other people in your household (name, age and relationship to you):

Experience

1. Please list all pets you have owned in the last year. If you no longer have the pet, please discuss why.

2. Where do your pets spend their time (day and night)?

3. When did your pet(s) last visit their veterinarian?

4. Who is your pet(s)'s veterinarian? _____ Phone Number: _____

5. Are your dogs vaccinated against:

Distemper _____ Parvo _____ Bordatella _____ Rabies _____

6. May we contact your veterinarian with any questions about your pet(s)'s health?

7. Have you given oral medications to pets in the past?

8. Have you bottle fed orphaned puppies in the past?

9. Are any of your current pets aggressive?

10. Any other information we should know about your ability to be a good foster parent:

Requirements for Foster Families

1. I understand that pets I foster may be incubating infectious diseases unbeknownst to the veterinary staff.
2. I agree to notify the Foster Care Coordinator or Clinic Supervisor in the event of any change or development in the health or behavioral status of my foster pet or bring them directly to the shelter.
3. I understand that I am financially responsible for the daily care of my foster pet, including food and supplies.
4. In the event of a veterinary emergency with my foster, I agree to immediately notify the Foster Care Coordinator or Clinic Manager, who will make a determination on the course of treatment. I understand that MDAS cannot provide reimbursement should I elect to seek private veterinary care.
5. I agree to bring my foster pet to MDAS for all required follow-up appointments. Typically, this will be every two weeks.
6. I accept that my foster pet is property of MDAS and all decisions about its disposition, including adoption, medical treatments, or euthanasia if necessary, will be made only by MDAS staff.
7. I understand that it is against MDAS policy to open a fundraiser account on behalf of the animal in foster care.
8. I have been advised that my foster pet should be kept isolated from my personal pets to avoid cross infection.
9. I understand that MDAS will not provide medical care or treatment to my personal pets should they contract any disease(s) from my foster pet.
10. I agree to bring my foster pet to adoption events or back to the shelter for transport when required.

I am interested in fostering (check all that apply):

Dogs:

- puppies that need to be bottle fed
 nursing mother dogs with their puppies
 puppies that are eating on their own that have a minor health issue
 adult dogs awaiting transport/events

Cats

- kittens that need to be bottle fed
 nursing mother cats with their kittens
 kittens that are eating on their own that have a minor health issue
 adult cats awaiting transport/events

Size of adult dogs I can foster:

Small Medium Large

Signature: _____

Date: _____