



# Aurora Animal Care & Control

## Foster Care Program

Thank you for your interest and willingness to open your home to help the homeless animals at Aurora Animal Care & Control as they prepare for their new homes.

The purpose of the Aurora Animal Care and Control (hereinafter referred to as AACC) Foster program is to help animals who are either too young, are sick or injured, are under-socialized, need training, or otherwise are not thriving in the shelter environment. The goal for our foster homes is to provide a safe and nurturing environment for these animals to prepare for adoption.

Please consider the following items:

- Time, commitment and patience while meeting the needs of each animal is critical.
- How long you will be able to foster the animal(s).
- Ability to perform responsibilities including:
  - To feed, shelter, socialize, groom, train and medicate animals as needed
  - To transport animals to/from vet appointments if necessary
  - To ensure the safety of all foster animals under your care.
  - To isolate foster pets from other household pets, if necessary
  - To observe and report any problems with the animals to AACC
  - To comply with AACC philosophies and policies
- AACC will provide supplies for the care of the foster animal.
- An understanding that the purpose of the foster relationship is solely to provide care for the animal. Once suitable for adoption, placement will be coordinated through AACC. Input from the foster home during placement is invaluable and greatly appreciated.

**Return this completed application to with a copy of your driver's license or state ID:**

Aurora Animal Care and Control  
Attention: Stephanie Morman  
600 S River Street  
Aurora, IL 60506

Or

Via Email to:

[animalvolunteer@aurora.il.us](mailto:animalvolunteer@aurora.il.us)

# Aurora Animal Care and Control Foster Home Application

This application must be fully completed in order to be processed.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you live in a:  House  Apartment  Condo  Duplex  Other: \_\_\_\_\_

Do you:  Own  Rent  Live with parents/family/roommate

If renting or living with parents, please provide Landlord or Parent's name(s) and phone number(s)

\_\_\_\_\_

How many hours a day will the animal be left alone? \_\_\_\_\_

Where will this animal be kept when you are not at home? \_\_\_\_\_

Please list everyone who lives at your address

Name	Age	Allergies? (Y/N)

Please list any animals you have owned in the past 5 years including your current pets

Name	Species/Breed	Current on Vaccinations?	Live Mostly Inside/ Outside?	Age	Sex	Spay/Neuter	Still Own?

Can you keep foster animals separate from your animals?      Yes    No

If yes, how do you plan to accomplish this? (guest bedroom, office, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Veterinarian for Current or Past Pets (if any)

Name of Veterinary Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

What animals are you available to foster? Check all that apply:

Dog	Cat
<input type="checkbox"/> Ill	<input type="checkbox"/> Ill
<input type="checkbox"/> Injured	<input type="checkbox"/> Injured
<input type="checkbox"/> Pregnant dogs	<input type="checkbox"/> Pregnant cats
<input type="checkbox"/> Mom & puppies	<input type="checkbox"/> Mom & kittens
<input type="checkbox"/> Weaned puppies—too young or underweight	<input type="checkbox"/> Bottle babies (kittens under 4 weeks without their mother)
<input type="checkbox"/> Adult, minor behavior issues/training needed	<input type="checkbox"/> Weaned kittens—too young or underweight
	<input type="checkbox"/> Adult, minor behavior issues

What behaviors are you **NOT** willing to handle?

---

---

If your foster animal requires veterinarian attention do you have a vehicle and the capability to take the animal to visit the veterinarian during normal business hours? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I, as the foster for animals from Aurora Animal Care & Control (AACC), agree to the following (**please initial**):

\_\_\_\_ I understand that I am operating a foster home per agreement with AACC. Each foster home is limited to 4 adult animals or 2 litters under 8 weeks of age at any given time.

\_\_\_\_ I agree to allow AACC to inspect premises where the animal(s) will be maintained.

\_\_\_\_ I agree to allow the Illinois Department of Agriculture to inspect my premises upon request per 225 ILCS 605/3.2.

\_\_\_\_ I will comply with all applicable laws pertaining to the control, care, and treatment of all foster animals in my care including keeping all foster animals primarily indoors and will not allow it to roam free.

\_\_\_\_ I agree to return the animal to AACC upon request.

\_\_\_\_ I will immediately notify AACC if there is a change in the health or behavior of the foster animal, including if the animal bites a person or other animal.

\_\_\_\_ I will promptly notify AACC if the foster animal is lost or stolen, or if there is a change in my address.

\_\_\_\_ I will not take a foster animal out of the area including out of state without prior approval from AACC.

\_\_\_\_ I understand that AACC retains ownership of all animals in foster care and will make final decisions regarding the disposition of placement of animals including adoption and euthanasia.

\_\_\_\_ I understand that AACC will provide all medical services and medications for animals within our foster program with prior authorization through AACC veterinary partners; expenses incurred by you in connection in medical care provided to the foster animal by any other veterinarian or without prior authorization will not be covered by AACC.

\_\_\_\_ I acknowledge that AACC makes no claims, guarantees or representations to the health, condition, training, behavior, or temperament of the animals in their care; that I and members of my household will be afforded full opportunity to determine the suitability of the behavior and temperament of the foster animal and I accept the foster animal at my own risk, and hereby release, indemnify, defend and save harmless AACC, the City of Aurora, and its elected officials, employees, and agents from and against any and all claims or liability for damages to person or property hereafter caused by the foster animal. I further acknowledge that AACC does not guarantee the health of any animal, nor assume any financial responsibility for veterinarian costs of other animals in the home.

In the event that the Foster Home Application is revoked or not renewed, the foster will return all foster animals immediately. Equipment and any other supplies that are property of AACC will be returned within 5 business days after fostering is completed.

## VOLUNTARY RELEASE/WAIVER OF LIABILITY

I the undersigned, \_\_\_\_\_ desire to foster an animal (“the Animal”) from Aurora, Illinois, (“City of Aurora”). This Voluntary Release/Waiver of Liability (“Release”), signed by me, is effective as of the below-indicated date. In furtherance of this fostering, I agree to the following:

1. **Assumption of the Risk.** I acknowledge that, due to the unpredictable nature of animals, certain risks and dangers are inherent in caring for an animal. These risks include risks of injury, illness, death, or loss to persons or animals, including damage to property. I have voluntarily agreed to foster the Animal, as contemplated herein, with full knowledge of such risks and voluntarily assume all such risks as herein stated.

2. **Waiver and Release.** I do hereby fully release and discharge City of Aurora, Aurora Animal Care & Control, and their respective past, present and future elected officials, board members, insurers, agents, and employees (collectively, the “Released Parties”) from any and all liability, damages, expenses (including attorneys’ fees and costs), claims and any causes of action for injuries, illnesses, death, damage or loss which I, or any third party, may have now or in the future as a result of this fostering and/or the Animal fostered. I hereby release the Released Parties from any liability, damages, expenses (including attorneys’ fees and costs), claim, or cause of action arising out of the Released Parties’ negligence or arising out of any act or omission by me. This is a complete and irrevocable release and waiver of liability, without limitation.

3. **Indemnification.** I agree to indemnify and hold harmless and defend the Released Parties, with counsel of Released Parties’ own choosing, from any and all liability, damages, expenses (including attorneys’ fees and costs), claims and any causes of action resulting from injuries, illness, death, damage or loss, including, but not limited to, attorneys’ fees and costs, sustained by me, my legal heirs, devisees, agents and assigns, or third parties, arising out of, or in any way associated with, the contemplated fostering and/or the Animal I am choosing to foster. I agree to cooperate fully with Released Parties in the defense of said claim.

4. **Severability.** If any portion of this Release is held invalid, the balance hereof shall continue in full legal force and effect.

5. **Governing Law and Venue:** This Release is governed by the laws of the State of Illinois. Venue for any legal proceedings arising out of, or relating to, this Release and the referenced foster shall be the Circuit Court of Kane County, Illinois, Sixteenth Judicial Circuit, State of Illinois.

6. **Public Records.** I hereby acknowledge and understand that as a public body, the City of Aurora and the AACC is subject to the requirements of the Illinois Freedom of Information Act (5 ILCS 140/1, *et. seq.*), and therefore, this document may be considered a public record and subject to disclosure under state law.

I have carefully read this Voluntary Release/Waiver of Liability, and I understand that it constitutes a disclaimer of liability by City of Aurora and a release of all claims by me. I understand that I assume all risks inherent in fostering animals from City of Aurora. I understand that any violation of this agreement gives Aurora Animal Care & Control the right to terminate the agreement immediately. By signing below, I am knowingly and voluntarily accepting the above-identified provisions.

Signature of Foster: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Animal Care & Control Witness: \_\_\_\_\_ Position: \_\_\_\_\_