



Animal Services

3984 SR 16 West  
Green Cove Springs, FL  
32043

Phone: 904-269-6342  
Fax: 904-284-7812

**County Manager**  
S.C. Kopelousos

**Commissioners:**

Mike Cella  
District 1

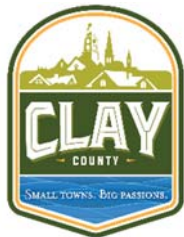
Wayne Bolla  
District 2

Diane Hutchings  
District 3

Gavin Rollins  
District 4

Gayward F. Hendry  
District 5

[www.claycountygov.com](http://www.claycountygov.com)



## Memo of Understanding

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver ID: \_\_\_\_\_

E-Mail: [clayfosters@claycountygov.com](mailto:clayfosters@claycountygov.com) (preferred contact method)  
Foster Line: 904-529-4733  
Main Shelter Number: 904-269-6342

### The following conditions apply to fostering an animal for CCAS:

1. The foster period may not exceed 3 months.
2. The animal will be kept in the house of the foster home and will not be allowed off leash in an unfenced area.
3. The animal will not be left unsupervised with other pets or children.
4. Food will be provided by the foster family.
5. The animal will only be fostered or rescued under the supervision of CCAS, to a family or group approved by CCAS.
6. Any non-emergency boarding costs incurred during this period are the responsibility of the foster family.
7. The foster family will accept responsibility for any events that occur while fostering the animal. Clay County and its employees are not responsible for injuries to people, pets, or for property loss or damage.
8. We do not have a medical or behavioral history on most of the animals in our care. All animals are given vaccinations and preventative medications on intake but they could have an underlying medical condition that has not been diagnosed yet.
9. Medical care for your foster animal will be provided by CCAS during scheduled hours. If you choose to take the pet to your veterinarian or a non-approved emergency facility, you will not be reimbursed.
10. Medical staff may not be available to see your foster pet if you do not come at your scheduled appointment time.
11. If you have any medical concerns or questions related to your foster animal(s) please contact CCAS Staff immediately, (i.e. notice of injury, illness, or other emergencies).
12. If unable to attend scheduled appointments, please contact foster coordinator to re-schedule. After three attempts to contact with no response, an animal control officer may be dispatched to follow-up.
13. Foster animals will remain the property of CCAS. The foster family and/ or CCAS may end this agreement at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

P \_\_\_\_\_ A \_\_\_\_\_ A \_\_\_\_\_ A \_\_\_\_\_  
A \_\_\_\_\_ A \_\_\_\_\_ A \_\_\_\_\_ A \_\_\_\_\_