



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

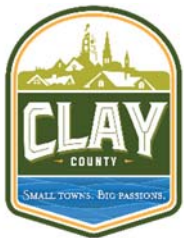
Wayne Bolla
District 2

Diane Hutchings
District 3

Gavin Rollins
District 4

Gayward F. Hendry
District 5

www.claycountygov.com



Foster Application

Name: _____

Street Address: _____

City _____ **State** _____ **Zip Code:** _____

Home Phone: _____

Alternate Phone: _____

Work Phone: _____

E-Mail Address: _____

Have you fostered before with CCAS? _____

What types of animals are you willing to foster? (Underage kittens, heartworm positive dogs, medical emergencies)

If interested in fostering kittens, please note which life stage you are available to foster. (Bottle babies, mush babies, weight gain, nursing moms with kittens)

I _____ understand and agree that the animal(s) I foster are property of Clay County Animal Services and I am to come to scheduled appointments, (if required and specified), and if I want to adopt I have to come back and fill out a proper adoption application on the animal(s).

Signature: _____ **Date:** _____

(For office use)

P _____ A _____ A _____ A _____

A _____ A _____ A _____ A _____ A _____