



# FOSTER APPLICATION

<b>OFFICE USE ONLY</b>	Last Name: _____
Date Received	_____
App Taken By:	_____
Approved/Denied:	_____ By: _____

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I would like to foster (Circle all that apply):** Adult Dog    A Litter of Puppies    Adult Cat    A Litter of Kittens  
 Bottle Baby Kittens    Special Needs Animals    A Specific Pet: (Name) \_\_\_\_\_

My experience level with fostering the above animals is: Beginner    Intermediate    Advanced

Do you OWN or RENT your residence? \_\_\_\_\_ \*If renting, we will be contacting your Landlord for approval  
 Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**References: (No Family Members)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number in household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children: \_\_\_\_\_  
 Does anyone in your household have any pet allergies? \_\_\_\_\_

Please list any pets who currently live in the household:

Name	Type/Breed	Age	Male/Female	Spayed/Neutered	Up to date on vaccines?

\*\*I understand the foster pet should be kept separate from my current animals in the home. I will not hold the SPCA responsible for any harm to my animals if they are introduced to the foster pet. Initials: \_\_\_\_\_

Do you have a separate room to house the foster pet(s)? \_\_\_ Yes \_\_\_ No

Veterinarians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever adopted from a shelter before? \_\_\_Y\_\_\_N where? \_\_\_\_\_

Have you ever surrendered or given a pet away? \_\_\_Y\_\_\_N

If yes, what was the reason? \_\_\_\_\_

Do you give your consent to talk to the local dog control officer about you or anyone in your household? \_\_\_Y\_\_\_N

Have you or anyone in your household ever been convicted of abuse, neglect or been ticketed by a dog control officer?

\_\_\_Y\_\_\_N If yes, when and why? \_\_\_\_\_

Please read the following statements about the SPCA Serving Allegany County's foster program and initial next to each to indicate that you understand and agree to abide by them.

- \_\_\_\_\_ I understand I am taking responsibility for the animal stated above and will provide the appropriate food, water, shelter, and resources during the foster period.
- \_\_\_\_\_ I understand I am fostering the animal stated above during the short period of time until it is old enough/healthy enough for spay/neuter services. Once the SPCA is ready to have them return to the shelter, I will make arrangements to have them returned to the shelter on the appropriate date.
- \_\_\_\_\_ It is understood that the animal(s) being fostered are property of the SPCA Serving Allegany County. The SPCA Serving Allegany County has the right to request the return of any foster animal at any time for any reason or for no reason at all.
- \_\_\_\_\_ I understand foster animals may/will need training. The SPCA will not be held responsible for any damages directly or indirectly caused by this foster animal.
- \_\_\_\_\_ I agree to keep my foster dog/puppy on a leash or supervised in a fenced yard when outside. I agree to always keep my foster cat/kitten inside my home.
- \_\_\_\_\_ I agree to keep my foster animals separate from the other animals in my home unless explicit permission is given from an SPCA representative.
- \_\_\_\_\_ I understand there is risk to introducing this foster animal to other animals in my home. The SPCA is not responsible for any medical care for other animals in your home who come in contact with the foster pet.
- \_\_\_\_\_ I agree to call the SPCA Serving Allegany County if I have any medical concerns with my animal. I agree to make appropriate arrangements to have the animal brought to the shelter for medical care if need be.
- \_\_\_\_\_ I understand that if I take the foster pet to my own vet, the SPCA **does not** reimburse or cover the cost of these visits. I understand it is my own responsibility to seek emergency care for this pet if after hours and the need arises.
- \_\_\_\_\_ I agree to bring the pet back to the SPCA for any scheduled medical visits during the time of foster. This usually is on a every 2-3 week basis and will make arrangements for the pet to meet these appointments.
- \_\_\_\_\_ I agree to call the SPCA with any updates on my animals' health/behavior if changes occur within the first 24 hours of the issue arising. I agree to return phone calls from the SPCA within 24 hours to give updates on my foster pet when requested. I will leave a message if the shelter is not open when I return the call.
- \_\_\_\_\_ I agree that I will not leave my foster pet(s) in the care of any other person or organization without the prior approval of the SPCA Serving Allegany County.
- \_\_\_\_\_ I understand that the SPCA Serving Allegany County has the final authority regarding the foster animal's adoption, treatment or disposition.

My foster(s) needs to be seen again: \_\_\_\_\_

By signing this form, you agree to the above statements and certify that all of the answers given above are true. Failure to adhere to the above statements will result in the immediate termination of the foster agreement and the animal(s) will be returned to the SPCA Serving Allegany County. Completion of this agreement does not guarantee approval for the SPCA Serving Allegany County's foster program.

\_\_\_\_\_  
Signature of Foster Applicant

\_\_\_\_\_  
Date