



## FOSTER CARE APPLICATION

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals. Please ensure that **ALL** sections of this application have been filled out so that we may better serve you.

**Date:** \_\_\_\_\_

<b>Name:</b>			
<b>Address</b>			
<b>City, State, &amp; Zip Code</b>			
<b>Phone #</b>	Home: Work:	Cell:	
<b>E-Mail:</b>			

Date of Birth:

Driver's License State & #:

If renting landlord's name and phone number:

Previous Address (if less than 2 years):

Do you have any restrictions on number of animals, size, or breed from your landlord, homeowners association, or insurance company?  Yes  No - If yes, please

explain:

If you are on Facebook, do you use an alias? If so, please identify:

Type(s) of animals you are interested in fostering? (Check all that apply):

Cats over 6 months		Dogs over 6 months	
Kittens under 6 months		Puppies under 6 months	
Kittens under 8 weeks		Puppies under 8 weeks	
Nursing moms and kittens		Nursing moms and puppies	
Medical needs cats		Medical needs dogs	

Medical needs can refer to a number of issues and vary from one animal to another. It will depend on the specific circumstances of a particular animal as to what the medical need is.

If you are interested in fostering puppies or kittens needing to be bottle fed you must be able to feed every 2-3 hours until the animal is weaned. Would you be interested in fostering bottle babies?  Yes  No

Where did you hear about our foster program?

Why would you like to become a foster parent?

Have you fostered animals before?  Yes  No

If yes, what organizations have you fostered for in the past?

If no, what experiences have you had with animals that would be helpful in fostering?

(Dogs Only) Do you have any experience training and working with dogs with behavior issues?

Yes  No

If yes, please describe

Do you live in a:  House  Town/Rowhouse  Apartment  Condo  Other

Do you have a fenced yard?  Yes  No - If yes, what is the height?

Are there any children in your household?  Yes  No - If yes, what are their ages?

Do any members of your household have pet allergies?  Yes  No – If Yes, explain:

Will you be able to keep the foster animal(s) separate from your own for at least 2 weeks?

Yes  No

Where do you plan to keep your foster animal(s)?

How many hours per day will your foster animal(s) be without adult care?

What is your typical work schedule?

What will you do to prevent the animal(s) from becoming lost?

Do you have any limitations on transportation in case of emergency? (shared car, Zipcar, religious restrictions, depend on public transit, etc.)

Will any other people help you with your foster duties? If so, who?

Please list all current pets.

Name	Breed	Age	Spayed/ Neutered	Date of last Vaccines	Date tested for FELV/FIV (cats)	Indoors/ Outdoors

What pets have you had in the past and what happened to them?

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Vet/Office Name: \_\_\_\_\_

Vet Office Phone Number \_\_\_\_\_

Funds are limited for medical or behavioral issues. Do you understand that some animals may not survive their injury or illness or may have to be euthanized? This decision will be made by the SPCA supervisory staff as necessary.  Yes  No

Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard SPCA adoption process and that approval of an adoptive candidate and placement of animals is determined by SPCA staff?  Yes  No

Do you agree to attend at least one adoption day a month once your foster animal is of age and/or healthy in order to help him/her get adopted?    Yes    No

I have answered the questions above truthfully and completely. I understand that although SPCA takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which SPCA has asked me to provide care. I indemnify and hold SPCA of Bradley County free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return application to:**

SPCA Of Bradley  
1570 Johnson Blvd  
Cleveland, TN 37311  
423-790-1915

[office@spcaofbradleycountyttn.org](mailto:office@spcaofbradleycountyttn.org)

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***Office use only:***

**Approval checklist**

\_\_\_\_\_ **Approved Application**

\_\_\_\_\_ **References Checked**

\_\_\_\_\_ **Home Visit Passed**

\_\_\_\_\_ **Vet Paperwork for owned pets Up to date (keep copies in fosters file)**

Appointment Scheduled Date:

Approved:    Yes    No   Staff Initials:

Approval: Emailed / Called / On site                      Date:

Comments: