Frances R. Willis SPCA Dorchester County
FINDING LOVING HOMES FOR PETS IN NEED.

FOSTER CARE APPLICATION

Name_____ **Date**_____

Address_____ **City**_____ **ZIP**_____

Hm Phone _____ **Wk Phone**_____

Cell Phone _____

Employer_____ **Position** _____

Okay to contact at work? Yes [ ] No [ ] **Email**_____

Are you over 18? Yes [ ] No [ ]

Name of a contact person not living with you:

_____ _____ _____
Name **Relationship** **Phone**

1) Please check which animals listed below you would be willing to foster:

Mother with puppies [ ] Mother with kittens [ ]
(The above would require fostering mother and babies until 6 weeks after birth.)

Orphan puppies [ ] Orphan kittens [ ]

Adult dogs needing medical/injury attention [ ]

Adult cats needing medical/injury attention [ ]

Adult dogs [ ] Adult cats [ ]

2) What type of residence do you live in?

[ ] House [ ] Apartment [ ] Duplex [ ] Mobile Home*
[ ] Condo/townhouse

* If you own a mobile home do you also own the land? Yes [ ] No [ ]

3) Do you: Own [ ] Rent/lease [ ]

Name and phone number of landlord/owner:_____
What is the pet policy? _____
How long have you been at this address? _____

If you rent or reside in another person's home, your landlord/homeowner must be contacted prior to fostering an animal. A copy of your lease or written permission to bring a foster animal into the residence must be presented at the time of the foster orientation/interview.

4) How many adults reside at this address? _____
Are there children in your home? Yes [ ] No [ ]
If yes, how many and what are their ages? _____

5) Will there be anyone at home during the day? Yes [ ] No [ ]
If yes, who? _____

6) Do you have a fenced yard? Yes [ ] No [ ]
If yes, type of fence and height? _____

7) Where will you keep the foster animal(s)? _____
Where will the foster animal(s) be when no on is at home? Indoors [ ]
Outdoors [ ]
Where will the foster animal(s) sleep? Indoors [ ] Outdoors [ ]

8) Do you have any dogs and/or cats at home now? Yes [ ] No [ ]
1. Pet's Name _____ Age____ Breed _____
Vaccinated: Yes [ ] No [ ] Spayed/Neutered: Yes [ ] No [ ]

2. Pet's Name _____ Age____ Breed _____
Vaccinated: Yes [ ] No [ ] Spayed/Neutered: Yes [ ] No [ ]

3. Pet's Name _____ Age____ Breed _____
   Vaccinated: Yes [ ] No [ ] Spayed/Neutered: Yes [ ] No [ ]

4. Pet's Name _____ Age____ Breed _____
   Vaccinated: Yes [ ] No [ ] Spayed/Neutered: Yes [ ] No [ ]

9) What Heartworm preventative do you use? _____

10) What flea and tick preventative do you use? _____

*11) Are you willing to take your foster animal(s) to local Adoption Events?
Yes [ ] No [ ]

12) What animal hospital/clinic do you use? _____
Location _____

13) Do you authorize a FRWSPCA representative to contact your vet's office?
Yes [ ] No]

14) Will you permit a home visit by a FRWSPCA representative?
Yes [ ] No]

15) If you do not intend to adopt the foster animal, will you actively work to find this animal a forever home? (The Foster Committee will assist you with this.)

*Foster Parent agrees to either bring the animal or allow the foster animal to attend local "Meet and Greet"/ Adoption Events. If the foster animal is a puppy or kitten the foster parent agrees to bring it to the shelter.

I, _____, agree that all of the information which I have provided above is correct as written and I authorize the FRWSPCA to verify any of this information.

_____ _____

Foster Parent Signature **Date**

For Completion By A Foster Committee Representative

Date of Home Visit: _____

Home Visit Completed By: _____

Was The Home Approved For Fostering? Yes ___ No ___

IF "No", why not? _____

_____

_____

_____

Other Comments: _____

_____

_____

_____