Elmore SPCA, Inc.

PO Box 686   556 Telegraph Road   Peru, NY 12972
518.643.2451   www.elmorespca.org

Foster Care Application

Name of Pet you are interested in:

_____

DATE: _____

Exercise Level of Pet you wish to foster: _____ **Low** _____ **Medium** _____ **High**

PERSONAL INFORMATION

Name: _____   Address: _____

City: _____   State: _____ Zip: _____

Town: _____   County: _____

Home Phone: (_____) _____   Work or Cell Phone: (_____) _____

Email: _____

HOUSING SITUATION

☐ Own a home
☐ Live with parents
☐ Have a roommate
☐ Rent *(*The following information is required)*

        * Landlord's Name: _____

        Landlord's Address: _____

        Landlord's City, State, Zip: _____

        * Landlord's Phone: _____

1) ☐ Yes ☐ No   Does your lease allow pets?
2) ☐ Yes ☐ No   Any breed restrictions?

    What are they? _____

3) ☐ Yes ☐ No   Do you have a fenced in yard available to you at your home?
4) ☐ Yes ☐ No   Do you have screens on your windows?

EMPLOYMENT STATUS

1) Are you currently employed? ☐ Yes   ☐ No

2) If yes, Place of Employment: _____

CURRENT SITUATION INFORMATION

1) ☐ Yes   ☐ No   Are you 18 or older?

2) If you have children, how old are they? _____

3) ☐ Yes   ☐ No   Will small children be supervised with the pet?

4) ☐ Yes   ☐ No   Does anyone in the home have allergies to animals?

5) If yes, how will this situation be handled? _____

_____

6) How much time can you devote to foster care:
   ☐ Full time   ☐ Part time

7) What is your schedule/availability like? _____

_____

8) How many days/weeks can you foster an animal? _____

9) How often would you like to foster? _____

10) What are the care arrangements when you are not home? _____

_____

11) Describe where your foster animals will stay _____

_____

12) If you live with other people, are they interested in helping? ☐ Yes   ☐ No

13) What is their schedule/availability like? _____

_____

PAST AND PRESENT PET INFORMATION

5) Please list ALL animals currently owned.

Name	Species	Breed	Age	Sex	Neutered/ Spayed?

6) Please list your previous pets and what happened to them.

_____

7) ☐ Yes ☐ No   Are **ALL** your pets spayed or neutered?

NOTE: Because we believe that spaying and neutering of animals helps decrease the number of homeless dogs and cats, it has been our long-standing policy not to place our shelter pets into homes that have un-spayed or un-neutered animals unless there are extenuating circumstances which are confirmed by a vet.

8) ☐ Yes ☐ No   Are they **ALL** up to date with Rabies and Distemper vaccines?

9) ☐ Yes ☐ No   Have they **ALL** been heartworm tested?

10) ☐ Yes ☐ No   Are they **ALL** receiving heartworm preventative?

11) ☐ Yes ☐ No   Have your cats **ALL** been tested for FIV and other feline contagious diseases?

12) ☐ Yes ☐ No   Any behavioral concerns or chronic diseases?

How can you keep them separated? _____

_____

12) If you answered "No" to any of the above 5 questions, please explain.

_____

Why do you want to foster? _____

_____

_____

What kind of animal(s) would you like to foster? (*Please circle ALL that you would be willing to foster*)

CATS:

Injured Adult Cat   Ill Adult Cat   Injured Young Cat   Ill Young Cat

Litter of Orphaned Kittens   Mother with kittens   Pregnant Cat   Healthy Cat

DOGS:

Injured Adult Dog   Ill Adult Dog   Injured Young Dog   Ill Young Dog

Litter of Orphaned Puppies   Mother with Puppies   Pregnant Dog   Healthy Dog

Willing to foster anything

☐ Yes   ☐ No   Have you ever taken any training classes?

Explain _____

_____

When would you like to start? _____

How did you hear about the Foster Care Program? _____

_____

I certify that the information I have given is true and accurate. I authorize the Elmore SPCA to contact Landlords and Veterinarians in order to verify all statements in this application. I reserve the right of the Elmore SPCA managers and Board of Directors to conduct follow up telephone calls as well as property checks in order to ensure the happiness, safety, and well being of the animal in my foster care.

Signature: _____ **Date:** _____

I, _____, **release any and all of my past and present veterinary**

records from _____ **Veterinary Hospital to Elmore SPCA.**

Vet's Phone Number: _____

Personal Reference: _____

Personal Reference: _____