

Cortland Community SPCA Foster Care Program
Foster Parent Application
You must 18 years of age

Date _____

Name _____

Address _____

Home Phone _____ Work/Message Phone _____

E-mail _____

Which contact method do you prefer us to use? _____

Do you live in a(n) : Apartment Mobile Home Condo Single Family Home

Do you: Rent Own

If renting, landowner's name _____ Phone _____

Do you have homeowner's or renter's insurance? Yes No

Please indicate the name of the insurance agency and their phone number:

How many adults are in your household? _____ Children? _____ If you have children, what are their ages? _____

Are they familiar with animals? Yes No

Does anyone in your household have allergies to animals? Yes No

Please list the following information about any animals currently living in your household:

Type of Animal: Altered?

Why do you want to foster? How did you hear about the Foster Parent Program? _____

What previous animal experience, if any, do you have? _____

Are you currently looking for an animal to adopt? Yes No

How many hours will the foster animal be left alone during the average day? _____

Is there anyone who will assist you in caring for the animal(s)? _____

Where will the foster animal(s) be kept during the day? _____

At night? _____

How will the animal be confined to your property? _____

Do you have a fenced yard? Yes No If yes, how high is the fence? _____ Type? _____

Do you have outdoor shelter available? Yes No

Do you have an indoor area to confine the animal (spare bedroom, crate, laundry room, etc.)?

Yes No

Do you have the facilities to isolate the foster animal from your own animals? Yes No

What are your present feeding arrangements for your animals? What type of food:

Are you prepared for the negative aspects of fostering such as cleaning up after puppies or kittens; destructive behavior such as clawing furniture, chewing, and litterbox misses; and sleepless or interrupted sleep? Yes No

Are you able to care for an injured or sick animal on a temporary basis? Yes No

Are you available to administer medicine to an animal if necessary? Yes No

Would seeing an injured animal upset you enough that you would not be able to continue to care for the animal? Yes No

Can you transport the foster animal(s) to the designated vet clinic for vet care? Yes No

Can you keep in touch with CCSPCA by phone with the fostered animals' progress? Yes No

Please check the types of animals you would like to foster:

Cat with kittens Kittens Sick cat/Kitten Adult cat

Dog with puppies Puppies Sick dog/puppy Adult dog

Others, please list _____

How would you feel if the animal you are fostering or had fostered needed to be euthanized?

Are you able to provide food for a foster animal while it is under your care? Yes No

If you have special training, qualifications or facilities that you would like us to know about, please briefly describe them: _____

Please provide the names and contact information of three references (no family members, please)

As a foster parent, you may have an animal in your care for a short period or time (week) or an extended period of time (as many as 3 months or more). This will frequently be determined when you receive an animal to be fostered. However, this amount of time is subject to change depending on circumstances at the shelter. If you know that you will be on vacation during the period of time you are being asked to foster, please inform the SPCA in advance. This will allow us to find the most suitable temporary accommodations for your animal(s).

While you are caring for foster animals, we may call you from time to time to check on the animal's progress and address any concerns you may have.

As a foster parent, we want you to know that it is occasionally necessary to euthanize animals that have been in foster care. Although this is an option of last resort, it does occur.

I confirm that all information supplied on this profile is true and correct. I understand that a brief home visit might be required. I also understand that the CCSPCA is not responsible for any property or personal damage or wounds inflicted or illnesses caused by the foster animal(s).

Signature _____ Date _____

Thank you for your interest in joining the Foster Parent Program!

Office use only

Approved _____ Denied _____ By _____

Date _____

Landlord approved or home ownership approved: Yes No

Home visit Date _____ Performed by _____

