



Allen County SPCA Foster Care Application

To help us to determine which foster animal(s) will be most compatible with your home and life style, please answer the following questions as completely and candidly as possible. Applicants must be 18 years of age or older.

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City, St, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail _____

Work Phone: _____ May we call you at work? Yes No

Do you: Own Rent How long have you lived there? _____

If you rent what does your lease state about pets? Are there any restrictions (breed/size) or deposits? _____

Landlord Name: _____ Phone: _____

List all members of your household along with their ages:

List all pets you **currently** own:

Name & Age	Kind/Breed	Spayed or Neutered?	Can you provide proof that vaccinations are up to date?

Name of your Vet Clinic: _____ Name of your Veterinarian: _____

Phone Number: _____

If you own cats have they been tested for contagious illnesses such as: Herpes, Calici, FIV,

FeLv? Yes No If yes for: _____

What were the results? _____

Do you have a fenced yard? Yes No Fence Type: _____ Height: _____

Are there any types of animals you are not willing to foster? Yes No

If yes please explain: _____

What issues are you **NOT** willing to work with?

- | | |
|---|--|
| <input type="checkbox"/> Jumping up | <input type="checkbox"/> Scratching/Biting |
| <input type="checkbox"/> House training | <input type="checkbox"/> Jumping On Furniture |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Counter Surfing |
| <input type="checkbox"/> Barking/Meowing | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Shedding | <input type="checkbox"/> Shyness/Fearful |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Play Biting |
| <input type="checkbox"/> Litter Box Issues | <input type="checkbox"/> Basic Obedience/Manners |

What days/times are you able to take foster to vet appointments, adoption events, or scheduled visitation appointments for potential adopters? _____

Would you object to having someone from ACSPCA check in on the fostered animal(s) in your care from time to time? Yes No

Have you ever cared for: Puppies Kittens Injured/sick Dog Injured/Sick Cat

I am interested in providing foster care for: (Please mark all that apply)	DOGS	CATS
Pregnant or mother with a nursing litter		
Newborns requiring bottle feedings (possibly every 2 to 4 hours)		
Young, self-feeding		
Injured, sick, recovering from surgery		
Adult		
More than one adult		
Needs socialization and/or training		
Behavior problems		
Elderly		
Terminally ill		

Please provide two references (one non-family member):

Name _____ Relation _____ Phone _____

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I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. The ACSPCA reserves the right to refuse any foster care applicant. My signature allows release of any information necessary to process this application.

Signature _____ Date _____