



ALLEN COUNTY
SPCA

YOUR COMMUNITY. YOUR SHELTER. YOUR PETS.

Foster Care Questionnaire

Date ____/____/____

Last Name _____ First Name _____ M.I. ____ D.O.B ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone (____)____-____ Cell Phone (____)____-____ Email _____

Work Phone (____)____-____ May we call you at work? Yes No

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

If you rent, are there any breed/size restrictions? _____ Is there a pet deposit? _____

Landlord Name _____ Phone (____)____-____

List all members of your household along with their ages _____

All Family members will be required to meet with foster pet prior to going home

Please 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 _____ Vet Name _____

Vet 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? _____ What were the results? _____

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

Are there any types of animals you are not willing to foster? Yes No If Yes, please explain _____

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Would you object to having someone from Allen County SPCA 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: <i>(Please mark all that apply)</i>	Dogs	Cats
Pregnant or mother with a nursing litter		
Newborns requiring bottle feeding <i>(Possibly every 2-4 hours)</i>		
Young, self-feeding		
Injured, sick, recovering from surgery		
Adult		
More than one adult		
Needs socializing and/or training		
Behavior problems		
Elderly		
Terminally Ill		

Please provide two references (one non-family member)

Name _____ Relation _____ Phone (____) _____ - _____

Name _____ Relation _____ Phone (____) _____ - _____

Do you have any questions/concerns? _____

As part of the application process the Allen County SPCA will conduct a criminal background check for any domestic or animal abuse.

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 Allen County SPCA reserves the right to refuse any foster care applicant. My signature allows release of any information necessary to process this application.

Signature _____ Date ____/____/____



Foster Release Form

In consideration of being permitted to participate in the Foster Programs of the Allen County Society for the Prevention of Cruelty to Animals (Allen County SPCA) I the undersigned agree to assume all risk of loss or injury, including death to myself or damage to my property while on premises of Allen County SPCA and elsewhere, resulting directly or indirectly from my involvement and participation in any of the Foster Programs.

This Agreement shall be effective and binding upon me and my heirs, next of kin, executors, administrators and assigns. I hereby release and waive any right of action I presently have or may in the future acquire against the Allen County SPCA, its agents or volunteers for any such loss or injury, even though such loss or injury is caused by the negligence or default of the Allen County SPCA, its agents or volunteers, whether or not acting in the scope of employment.

I acknowledge that the animals of the Allen County SPCA are not trained and that they can be unpredictable and dangerous. I also acknowledge that the Allen County SPCA recommends consulting my physician about any concerns relating to working with animals. If I have any reason to suspect I am pregnant, Allen County SPCA recommends I ask my physician about working with cats.

I acknowledge that the senior staff person present is in full and total charge of the facility. The staff person in charge reserves the right to request me to leave the facility as necessary. I hereby waive for my personal representatives and dependents all such claims or rights or action aforementioned that the undersigned or my personal representatives and dependents may herein have against the Allen County SPCA or its agents or volunteers.

In consideration of being permitted to participate in the Foster Programs of the Allen County SPCA, I the undersigned agree to abide by the guidelines in the Volunteer Handbook.

I shall immediately notify the Allen County SPCA of any breach of the guidelines by any person of which I become aware.

By my signature, I acknowledge that I am of the full legal age (18) and that I have read in detail the above release and have voluntarily accepted it.

Volunteer Signature _____ Date: ____/____/____

Print _____

Staff Notes: