



For Office Use Only
Person # _____
Orientation Date _____
Background Check _____
Approved _____

Foster Care Application

Date: _____

Foster Parent's Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Employer's Company Name: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Mobile Phone: () _____ - _____ Email: _____

Who can you foster?

- Orphaned Kitten(s)
 Orphaned Puppy(s)
 Nursing Cat
 Nursing Dog
 Adult Cat(s)
 Adult Dog(s)
 Military Cat(s)
 Military Dog(s)
 Bottle Feeding Kitten(s)
 Bottle Feeding Puppy(s)

Will you foster animals with:

- Ringworm
 Sarcoptic Mange
 Demodex Mange
 Upper Respiratory Illness
 Malnourishment

Have you ever cared for:

- Bottle fed puppy(s)/ kitten(s)
 Orphaned puppy(s)/ kittens(s)
 An injured cat or dog

Do you live in a:

- Condo/Town House
 Apartment
 Duplex
 Mobile Home
 Detached Single Family House

Do you:

- Rent
 Own

If you rent, is your lease:

- Yearly
 Monthly

Name of complex and/or association: _____

Name and phone number of landlord or owner: _____

What is the pet policy where you live?

How long have you been at this address?

How many adults reside at this address?

Are there children in your home? Yes No

If yes, how many and what are their ages?

Would anyone be home during the day? Yes No

Do you have any pets at home now? Yes No

If yes, please complete the following:

Breed	_____	Age	_____	Sex	_____	Licensed?	<u>Yes / No</u>
Breed	_____	Age	_____	Sex	_____	Licensed?	<u>Yes / No</u>
Breed	_____	Age	_____	Sex	_____	Licensed?	<u>Yes / No</u>
Breed	_____	Age	_____	Sex	_____	Licensed?	<u>Yes / No</u>
Breed	_____	Age	_____	Sex	_____	Licensed?	<u>Yes / No</u>

What are your pet's names?

Approximate date and reason for your last vet visit:

Have you had other pets in the past 5 years? Yes No

If yes, please complete the following:

Breed	_____	Age	_____	Year	_____	Disposition	_____
Breed	_____	Age	_____	Year	_____	Disposition	_____
Breed	_____	Age	_____	Year	_____	Disposition	_____
Breed	_____	Age	_____	Year	_____	Disposition	_____

What were these pets' names?

What animal hospital/veterinary clinic do (or did you) use?

Phone number: _____

Where will the foster animal(s) be when no one is home? Indoors Outdoors

Describe:

Where will the foster animal(s) sleep? Indoors Outdoors

Describe:

Why do you want to foster?

Are there any factors that might hinder your abilities to foster animals that we should know about? No Yes

If yes, please explain:

Have you ever been convicted of a crime causing harm to a person or animal?

No Yes

If yes, please explain:

Excluding minor traffic violations, have you ever been convicted of any criminal offense?

No Yes

If yes, please explain:

I agree that all of the information I have provided herein is correct as written and I authorize the Humane Society/SPCA of Bexar County to verify any information.

I also understand that a background check will be conducted before I can foster any animals. I further agree that, if approved, I will attend a Foster Care orientation within 30 days of becoming a foster parent.

Print Volunteer Name

Date

Volunteer Signature

Parent/Guardian Signature

(Required for volunteers under 18 of age and living at home)

Date

Foster Care Agreement

Please read and initial:

_____ I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies. I understand that my vet records may be requested.

_____ I agree to keep my pets separated from the foster animal for at least 14 days. If the foster animal is incubating any diseases, this separation will minimize the chance of my own pets from becoming ill.

_____ I agree to keep the foster animal indoors, unless I'm advised I may do otherwise.

_____ Should the foster animal become ill while in my care, I agree to call the Foster Care Coordinator immediately at (210) 643-8518 and to follow any instructions I am given for the foster animal's further care, including bringing the animal(s) into the Humane Society or an emergency veterinary clinic for treatment.

_____ I agree to bring in the foster animal(s) for their scheduled deworming and vaccination appointments.

_____ I fully understand that foster animals are always the property of the Humane Society/SPCA of Bexar County. As such, I agree that any decisions made by the Foster Care Coordinator regarding their care and treatment will be followed by me, including regarding their return.

_____ I agree to return the foster animal(s) as instructed. I agree to make an appointment in advance for the animal's return.

_____ I understand that the Humane Society/SPCA of Bexar County is not responsible for any property damage or injuries that may occur while foster animals are in my care.

_____ I understand that, even if I become an approved foster volunteer, my status does not offer me any preference for bringing in injured animals to the Humane Society/SPCA of Bexar County. I agree to abide by the stated policies regarding intake of any animals to the Humane Society/SPCA of Bexar County.

_____ The Humane Society/SPCA of Bexar County is held harmless should my own pets become ill from a foster animal. I further agree to be responsible for and to pay for any veterinary expenses incurred for my own animal(s).

Date _____ Volunteer Signature _____

Date _____ Parent/Guardian Signature _____
(Parent/Guardian must sign release if volunteer is under the age of 18 and is living at home.)

If you have any questions please call or email Sarah Rihn (210) 643-8518 or Foster@humanesocietyspca.org