FOSTER APPLICATION

In order to be considered for fostering a SCSPCA animal you must be at least 21 years of age and/or have the consent of parent or guardian and meet Foster Expectations. Please understand that Second Chance SPCA reserves the right to reject any applicant for any reason.

Name:	Home Phone:
Address:	Cell Phone:
City: State:	Zip:
Email address:	Birthday:
Emergency Contact & Relation:	Emergency Phone:
Do you have any previous foster experience? (or If Yes, please explain what type of animal and the second s	circle one) Yes No for which group (if applicable)
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Home Life:	
Please list all family members that will be livin	g with the animal: Name, relationship & age
ls anyone in your home allergic to animals? Ye	s No
Do you live in a: House Condo Apartment	
Do you have your landlord's written permission	
	t with you fostering an animal(s) Yes No
Do you have a yard? Yes No If Yes, is	
Type of Fence & height Hei	ght
What types of animals are you interested in fost	tering?
Cats: Adults Weaned Kittens Mom and	Babies Bottle Kittens Injured
Dogs: Adults Weaned Puppies Mom and	d BabiesBottle Puppies Injured
Are you comfortable administering medications	s? Yes No
Where will the animal(s) be kept during the day	/?

Where will the animal(s) be kept at night?
How many hours of the day are you usually away from home?
Current Pets:
If you have cats, are they current on their vaccines (Rabies & FVRCP)? YesNo
If you have dogs, are they current on their vaccines (Rabies, Bordatella, DHLPP)? YesNo
Are your animals on flea preventative? Yes No If Yes, Type
Are your dogs on heartworm preventative? Yes No If Yes, Type
Do your animals at home get along with cats? Yes No Unknown
Do your animals at home get along with dogs? Yes No Unknown

Please list all pets, including small caged and barnyard animals.

Name of Animal	Species	Breed	Spayed or Neutered?	Age & Weight
				al.

Please note any additional information that will assist us in finding the proper foster pet for you:

Signature of Applicant

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Date