



Finger Lakes SPCA

72 Cameron Street
Bath, New York 14810
info@fingerlakesspca.org

607-622-5363 (Admin.)
607-776-3039 (Shelter)
www.fingerlakessoca.org

FOSTER CARE APPLICATION

Personal Data

Name(s) _____

Address _____ City _____ Zip _____

Phone (Day) _____ (Evening) _____

Email _____

Social Security # _____ Drivers License # _____ Exp _____

References (3 required)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Household Information

Living Accommodations (*circle one*) Rent Own If rent, does your lease allow pets? Yes No

If rent, Landlord's name _____ Phone _____

Do you have a securely fenced yard? Yes No

Do you have screens on your windows? Yes No

How many children at home? _____ Ages? _____

Do you or any members of your household have allergies to (*circle if yes*) Dogs Cats

If yes, how will you cope with them? _____

Personal Pet Information

Do you have any pets now? Yes No How many? _____

Name _____ Breed _____ Sex _____ Spayed/Neutered _____ Age _____

Current Veterinarian? _____ Phone _____

Do your pets have any behavior problems or chronic illness? Yes No If yes, please explain

Are your pets immunizations current? Yes No Where do you pets stay? _____

If you have no pets, have you had them before? Yes No If yes, where are they now? _____

General Information

How did you hear about our foster program? _____

Have you attended any formal animal care or training classes? Yes No If yes, please describe _____

Have you ever administered medication to a dog or cat before? Yes No

How many days/weeks can you foster an animal? _____

How much time daily do you have for a foster animal? _____

Describe area where the foster animal will be housed and cared for _____

How will you segregate the foster animal(s) from your own pet? _____

What are the care arrangements when you are not at home? _____

What behavior are you willing to work with _____

What kind of animals are you willing to foster (*circle any that apply*)

- | | | | |
|---------------------|---------------------|----------------------------|----------------------------|
| Adult cats | Adult dogs | Special Needs cats | Special Needs dogs |
| Mother with kittens | Mother with puppies | Litter of orphaned kittens | Litter of orphaned puppies |
| Bottle Baby Kittens | Horses | Rabbits | Pigs |

I give the Finger Lakes SPCA, Inc. permission to verify any of the information given. I understand that completion of this application does not guarantee acceptance to the program. If your application is approved, I understand the next step will be a visit to my home by an FLSPCA representative.

Volunteer Signature _____ Date _____

For FLSPCA Use:

Application Reviewed By _____ Approved Yes No

References checked? Yes No (attach results)

Home Visit By _____ Date _____

Recommendation _____