

# CCSPCA FOSTER PARENT APPLICATION



Cameron County SPCA  
678 South Mountain Road  
814-486-0101

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ DL: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Can CCSPCA share your Name, Phone #, and Email with our volunteer foster coordinator? \_\_\_\_\_

## OCCUPATION INFORMATION

PLACE OF EMPLOYMENT: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
 FULL TIME  PART TIME  WORK AT HOME; TIME PETS ARE LEFT ALONE \_\_\_\_\_

## HOME INFORMATION

OWN: Length owned \_\_\_\_\_  RENT: Lease Ends \_\_\_\_\_ \*  
\*LANDLORD NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
 HOUSE  APARTMENT  CONDO  MOBILE HOME  OTHER  
YARD SIZE:  LARGE  MEDIUM  SMALL  NO YARD  
TYPE OF FENCE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  NO FENCE

## FAMILY INFORMATION

OTHER ADULTS IN THE HOME:  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NUMBER OF CHILDREN IN HOME: \_\_\_\_\_ AGES: \_\_\_\_\_  
IS THERE ANYONE IN THE HOME WITH PET ALLERGIES? \_\_\_\_\_

## RESIDENT PET INFORMATION

SPECIES	NAME	BREED	AGE	SEX	ALTERED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ARE ALL ANIMALS CURRENT ON VACCINATIONS? \_\_\_\_\_  
NAME OF CURRENT VETERINARIAN: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DATE OF LAST VISIT \_\_\_\_\_

## TYPES OF FOSTER

What type of foster pet are you interested in?  
 CATS  SPECIAL NEED CATS  DOGS  SPECIAL NEEDS DOG  
Are there any "specialties" you want to work with? \_\_\_\_\_  
Please explain why you would like to become a Foster Care Volunteer:

Are you currently fostering with any other organizations? \_\_\_\_\_ Who? \_\_\_\_\_

# PERSONAL REFERENCES

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE# \_\_\_\_\_

## FOSTER PARENT RULES AND GUIDELINES

**Please read and initial each statement**

\_\_\_\_ The foster animal in your care remains the property of Cameron County SPCA (CCSPCA).

\_\_\_\_ The purpose of this foster relationship is solely to provide care for the foster animal and to assist in making the animal 'adoptable'.

\_\_\_\_ Any and all adoptions of foster animals will be made through CCSPCA and are subject to the same guidelines as any other adoption. **Under no circumstance may you release the animal to another party prior to a completed adoption by CCSPCA.**

\_\_\_\_ You will surrender the foster animal to CCSPCA at the end of the foster agreement or immediately upon request. You will not relinquish custody of the foster animal to anyone except CCSPCA. If you cannot care for the foster animal for any reason, you must bring the animal back to the shelter.

\_\_\_\_ You will not place the foster animal in a dangerous situation (example - riding in an open pick-up truck or left unattended in a car).

\_\_\_\_ You will keep the foster animal in the house as a loved family member. You will feed, water, groom, exercise, and socialize the foster animal as appropriate.

\_\_\_\_ You will keep all foster cats and kittens **indoors** at all times.

\_\_\_\_ You will keep all foster dogs/puppies in a secure area, this cannot include tethering a dog in a yard.

\_\_\_\_ **Dogs in foster care must have their rabies ID tag on at all times.**

\_\_\_\_ Choke collars, if used at all, are for training sessions only.

\_\_\_\_ Foster dogs are not permitted to go to any off-leash dog park. Foster dogs must remain on leash at all times in public areas.

\_\_\_\_ If the animal exhibits any medical or behavioral problems, you will notify the shelter immediately. Contact the volunteer foster coordinator as needed after hours.

\_\_\_\_ Foster parents are responsible for any veterinary bills they incur if they take a foster to a veterinarian without prior approval from the CCSPCA.

\_\_\_\_ CCSPCA shall inform foster parents of any known behavioral problems of their foster animal prior to placement. Foster parents and all household members should use caution when handling any new foster animal while they get acquainted with the foster animal's personality and behaviors.

\_\_\_\_ Foster parents are responsible for any medical costs incurred due to interaction with foster animal (example - treatment for scratches or bites).

\_\_\_\_ All phone calls from shelter staff or potential adopters must be returned within **24 hours**.

\_\_\_\_ Foster parents should continue to provide their foster pet exposure for potential adoption.

\_\_\_\_ I have been provided a copy of the Foster Parents Rules and Guidelines.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Staff Initials:**

## STAFF USE ONLY

APPLICATION APPROVED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED PENDING: \_\_\_\_\_

LANDLORD APPROVAL OBTAINED: \_\_\_\_\_

APPROVED FOR ANIMALS:

Adult Dogs  Puppies  Unaltered dogs

Adult Cats  Mothers w/Kittens  Orphaned Kittens  Unaltered Cats

# FOSTER PARENT RULES AND GUIDELINES

## (Copy for Foster Parent)

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