Cortland Community SPCA Foster Care Program Foster Parent Application You must 18 years of age

Date	
Name	
Address	
□ mail	Work/Message Phone
Which contact method do you p	refer us to use?
	□ Mobile Home □ Condo □ Single Family Home □
Do you: Rent ☐ Own ☐	
If renting, landowner's name	Phone
Do you have homeowner's or re	enter's insurance? Yes □ No □
Please indicate the name of the	insurance agency and their phone number:
How many adults are in your ho ages?	ousehold? Children? If you have children, what are their
Are they familiar with animals?	Yes □ No □
Does anyone in your household	l have allergies to animals? Yes □ No □
Please list the following informa Type of Animal: Altered?	tion about any animals currently living in your household:
Why do you want to foster? How	w did you hear about the Foster Parent Program?
What previous animal experience	ce, if any, do you have?
Are you currently looking for an	animal to adopt? Yes □ No □
	animal be left alone during the average day?
Is there anyone who will assist y Where will the foster animal(s) to	you in caring for the animal(s)? be kept during the day?
At night?	to your property?
How will the animal be confined	to your property?
Do you have a fenced yard? Ye	s □ No □ If yes, how high is the fence?Type?
Do you have outdoor shelter ava	
Do you have an indoor area to o	confine the animal (spare bedroom, crate, laundry room, etc.)?
Yes □ No	
-	ate the foster animal from your own animals? Yes ☐ No ☐ arrangements for your animals? What type of food:
• • •	ve aspects of fostering such as cleaning up after puppies or kittens;
interrunted sleen? Yes \(\Pi \) No \(\Pi \)	awing furniture, chewing, and litterbox misses; and sleepless or

Are you able to care for an injured or sick animal on a temporary basis? Yes ☐ No ☐
Are you available to administer medicine to an animal if necessary? Yes \(\bar{\top}\) No \(\bar{\top}\) Would seeing an injured animal upset you enough that you would not be able to continue to care for the animal? Yes \(\bar{\top}\) No \(\bar{\top}\)
Can you transport the foster animal(s) to the designated vet clinic for vet care? Yes ☐ No ☐
Can you keep in touch with CCSPCA by phone with the fostered animals' progress? Yes ☐ No ☐ Please check the types of animals you would like to foster: Cat with kittens ☐ Kittens ☐ Sick cat/Kitten ☐ Adult cat ☐
Dog with puppies ☐ Puppies ☐ Sick dog/puppy ☐ Adult dog ☐ Others, please list
How would you feel if the animal you are fostering or had fostered needed to be euthanized?
Are you able to provide food for a foster animal while it is under your care? Yes No
If you have special training, qualifications or facilities that you would like us to know about, please briefly describe them:
Please provide the names and contact information of three references (no family members, please)
As a foster parent, you may have an animal in your care for a short period or time (week) or an extended period of time (as many as 3 months or more). This will frequently be determined when you receive an animal to be fostered. However, this amount of time is subject to change depending on circumstances at the shelter. If you know that you will be on vacation during the period of time you are being asked to foster, please inform the SPCA in advance. This will allow us to find the most suitable temporary accommodations for your animal(s). While you are caring for foster animals, we may call you from time to time to check on the animal's progress and address any concerns you may have. As a foster parent, we want you to know that it is occasionally necessary to euthanize animals that have been in foster care. Although this is an option of last resort, it does occur.
I confirm that all information supplied on this profile is true and correct. I understand that a brief home visit might be required. I also understand that the CCSPCA is not responsible for any property or personal damage or wounds inflicted or illnesses caused by the foster animal(s). Signature Date
Thank you for your interest in joining the Foster Parent Program!
Office use only Approved Denied By Date
Landlord approved or home ownership approved: Yes □ No □
Home visit Date Performed by