



CANINE FOSTER CARE APPLICATION

Date: _____

Name: _____

Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____

Are you at least 18 years of age? _____ Occupation: _____

The Canine Foster Program is not a means to temporarily own or try out a dog. It is an important and often life-saving alternative to shelter life for specifically selected dogs.

Dogs selected for foster care generally fit into three broad categories. Please indicate which type(s) of dog you wish to foster.

_____ Medical – recovering dogs whose injuries or illnesses require that they receive more attentive and personalized care than the shelter can provide

_____ Behavioral – dogs with mild behavioral issues, such as unsociability, barrier frustration, shyness, or excitability, who require behavior modification

_____ Postnatal – recovering mothers and unweaned puppies who often require bottle feeding and very gentle care

Why are you interested in fostering a dog? _____

What dog experience do you have? _____

What animals do you currently have in your home? _____

For Office Use Only			
Email	Interview	Orientation	Home Visit

Are all of the animals in your home spayed or neutered? **YES** **NO**
 Are all of the animals in your home up to date on their vaccinations? **YES** **NO**
 Have you ever fostered animals before? **YES** **NO**

If you have children, please list their ages. _____

We use your current veterinarian as a reference. Please list the name and phone number below.

Do you own or rent your home? **OWN** **RENT**
 If you rent, who is your landlord? _____ Phone: _____

We do home visits on every applicant who passes the initial screening.
 Are you willing to let a representative of the SPCA visit your home? **YES** **NO**

Please read the following statements about the Canine Foster Program and initial next to them to indicate that you understand and agree to abide by them.

Like most shelter dogs, your foster dog may not be housetrained. You understand that he/she may have accidents in your home. _____

Like many dogs, your foster dog may chew on furniture, clothing, or other objects. You are comfortable working with this behavior. _____

You agree to keep your foster dog on a leash or enclosed in a fenced-in yard or home at all times. _____

Representatives of the SPCA may need to contact or visit you to discuss the dog. You understand that you may be asked to complete evaluation forms on the dog. You agree to be entirely honest and forthright regarding the dog's behavior, be it positive or negative. _____

All medical treatment will be done at the SPCA by trained staff. _____

The SPCA is the legal guardian of your foster dog. You understand that the SPCA has the final authority in regards to the dog's adoption, treatment, or disposition. _____

All foster parents must take part in an on-on-one meeting, foster parent orientation and home visit. When your application is approved, you will be contacted to schedule the meeting.

Please sign below to indicate that everything on this form is true and as complete as possible.

Signature: _____ Date: _____

**Return application to;
 SPCA of Tompkins County
 Attn: Canine Foster, 1640 Hanshaw Road, Ithaca, NY 14850**