



Foster Care Application

Name: _____ Date: _____

Address (physical): _____

(mailing): _____

Home Phone: _____ Work Phone: _____ Cellular: _____

Email: _____

Occupation / Employer: _____

Please describe your home. Do you live in a: Condo/Townhouse Apt. Duplex

Mobile Home House

Do you Rent/Lease? Own?

Name of Apt. Complex/Association: _____

Name and phone # of Landlord/Owner/Property Manager: _____

If you own your home is it in the City County Name on Deed? _____

Do you belong to any animal organizations? Yes No If so, what is the name of the organization?

Have you ever provided foster care for animals before? Tell us about it.

Are there any limitations to your ability to provide foster care? Yes No If yes, please describe below:

Circle the animal(s) you are interested in helping:

Kittens:	Contagious	Non-contagious	Require bottle feeding
Cats:	Contagious	Non-contagious	Nursing mom & kittens
Puppies:	Contagious	Non-contagious	Require bottle feeding
Dogs:	Contagious	Non-contagious	Nursing mom & puppies

I certify that the above information is correct to the best of my knowledge. I also agree to follow all the rules, regulations and policies of the Rockingham-Harrisonburg SPCA. No person residing in the household has ever been convicted of animal cruelty, neglect or abandonment.

Signature: _____

Foster Care – Behavior Questionnaire I

Name:

Date:

Here at the R-H SPCA we use positive reinforcement as our way of training (meaning; using treats). Are you familiar with this type of training and would you be willing to use this method? Please explain:

Do you have experience with dog competitions or dog sports? Obedience trials? Agility? Flyball? Herding? Tracking? Lure Coursing? Please provide any information on your experiences.

What breed(s)/species have you had experience with and which is your favorite?

Which species or size pet would you prefer to foster? small med large any Dog___ Cat___ Either___

Do you have a crate? yes no

Have you crate trained a dog before? yes no

Do you have a fenced yard and how high is the fence? If not, please explain how the pet will be exercised:

Foster Care – Behavior Questionnaire II

Do you have children in the home? Ages: _____ If not, do you ever have children visit your home? If so how often? _____

How many adults reside at this address? _____ Is there anyone home during the day? Yes [] No [] If yes, who? _____

Which types of pets have you had experience with in the past? Please circle all that apply.

- Your own
- Shy pets
- Very shy or non-reactive pets (meaning "shut down")
- Fearful pets (scared of specific people or things)
- Jumpy, mouthy, over stimulated pets
- Pets with handling issues (don't touch my feet)
- Resource guarding pets (don't get near my food bowl-toys)
- Dog aggressive dogs
- People aggressive dogs
- Highly predatory dogs (cats and squirrels beware)
- Pregnant pets
- Bottle fed babies
- Ill pets
- Nursing moms & babies

If you answered yes to any of the above, please explain the type of training/experience used in working with the pet and if it was successful:

Out of all the different behaviors/conditions above, which would you feel comfortable with?

What amount of time you could foster a pet? [] 1 week [] 2 weeks [] 3 weeks [] 4 weeks [] depends

How many hours are you away from home?

Would you consider taking classes to learn more on behavior? [] yes [] no

What's the best time of the week for you to take a class? [] week nights [] weekends

Foster Care – Medical Questionnaire I

Name:

Date:

Please list all the pets in your household

Pet's Name	Breed	Age	Gender? S/N?	Vaccination Status
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____

Who is your Veterinarian? _____

Can you foster a pet that is not housetrained? [] yes [] no

Have you housetrained a pet before? [] yes [] no

Tell us about your level of comfort in providing medical care to a pet. Are you comfortable giving a pill? Changing bandages? Monitoring stitches? Do you have any special training or experience?

Describe any medical conditions your resident pets have (medical conditions, treatments, special food, medications, etc)?

Anything else you would like to share?