

Thank you for your interest in fostering an animal from SVACA. Our goal is to locate appropriate foster families in an effort to increase the number of adoptable animals at the animal care center.

Name _____ Date ____/____/____
 Address _____
 City/State/Zip _____
 Phone Number (h) _____ (w) _____
 Email _____
 Living Accommodations: Rent Own Other _____
 Do you have your landlord's permission to foster an animal? Yes No
 Landlord's name _____ Phone _____
 Number of people in your household: Adults _____ Children/Ages _____
 Are all adult members of your household in favor of fostering an animal? Yes No
 Is anyone allergic to animals? _____

Please list all animals currently living in your household:

<u>Type</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Last Vaccinations</u>	<u>In/Out (Hours)</u>

Do your animals get along with: Cats? _____ Dogs? _____

Please list all animals you've owned in the last five years:

<u>Type</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Reason they no longer live with you</u>

Name of Veterinarian/Clinic _____ Phone _____

Have you ever fostered or rescued before? Yes No If yes, please explain.

How much time can you devote to foster care during the day? _____ evenings?
 _____ weekends? _____ at work? _____

Do you have your employer's permission should you need to bring the animal to work?
 Yes No Don't know

How many hours will the animals be left alone? _____

What are the care arrangements when you are not home?

Do all members of your household realize that you and your family will be required to care for the animal(s) 24 hours a day, and that it takes a lot of time to foster a young animal? Please explain your thoughts on this. _____

Foster care can last one week to three months (on average 4 weeks). How long can you foster? _____

SVACA will attempt to cover all costs associated with treatment and care. Are you aware of the cost of feeding, veterinary care, etc. required for a foster animal? Please explain your thoughts on this. _____

Do you understand that the animal(s) you may have in your household would be exposed to communicable diseases the foster animal(s) may have? Yes No
What kind of facilities do you have for the foster animal? _____

Where will the animals be kept (confinement/routine)? Inside _____ Outside _____
Please describe a typical day your foster animal will have in your home. _____

What would you describe as unacceptable behaviors in your foster animal? _____

What would you do if the animal displayed these behaviors? _____

Are you willing to foster an animal with behavior challenges? Special medical needs? _____

Please describe any formal or informal training or experience you've had working with animals:

The foster care animal will need to be brought to the shelter for vaccinations, spay/neuter, or possible adoption viewing. Are you able to provide transportation to and from the shelter? _____

Please rate the following on a scale of 1 to 5. (1 being very much in favor; 5 being very much opposed):

- Spaying/neutering _____
- Wildlife as pets _____
- Declawing of cats _____
- Guard dog training _____
- Indoor pets _____
- Dog/cat shows _____
- Choke chains/pinch collars _____
- Ear cropping/tail docking _____
- Formal obedience training _____

Have you completed the volunteer orientation? Yes No
How did you hear about our Foster Care Program? _____

Please check, which kind of animal(s) you would like to foster.

- | | | |
|---|--|--|
| <input type="checkbox"/> Injured cat/kitten | <input type="checkbox"/> Injured dog/puppy | <input type="checkbox"/> Ill cat/kitten |
| <input type="checkbox"/> Ill dog/puppy | <input type="checkbox"/> Mother with kittens | <input type="checkbox"/> Mother with puppies |
| <input type="checkbox"/> Kitten/litter of kittens | <input type="checkbox"/> Puppy/litter of puppies | <input type="checkbox"/> Other _____ |

DO ALL MEMBERS OF YOUR HOUSEHOLD UNDERSTAND THAT THE ANIMAL(S) YOU FOSTER MAY BE EUTHANIZED UPON RETURNING TO THE ANIMAL CARE CENTER BECAUSE OF UNADOPTABILITY DUE TO ILLNESS, TEMPERAMENT, ETC.? Yes No

All foster animals are property of SVACA until adopted. If you find a potential adopter for your foster animal, the potential adopter must come to SVACA to fill out an adoption survey and complete the adoption process. Violation of this policy will result in the termination of your foster care services.

I certify that the above information is true and correct to the best of my knowledge. I understand that any falsification of the above information may be grounds for denial of this application or termination. I understand that SVACA reserves the right to deny the foster of an animal. I acknowledge that this application will remain property of the Silicon Valley Animal Control Authority.

Signature _____ Date ____/____/____

FOR OFFICE USE ONLY	Orientation date ____/____/____
Date received ____/____/____	Initials _____
Contact date ____/____/____	Initials _____
Landlord approval date ____/____/____	<input type="checkbox"/> In person <input type="checkbox"/> Phone call <input type="checkbox"/> Signed note
Proof of residency approval date ____/____/____	Initials _____