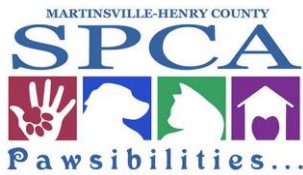


Animal: _____ Date: _____ Amount Paid: _____ S/N Date: _____



DOG FOSTER QUESTIONNAIRE AND AGREEMENT FORM

*THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO FOSTERING.
PLEASE ANSWER ALL QUESTIONS. APPLICATIONS WITH BLANK QUESTIONS
WILL BE AUTOMATICALLY DENIED.*

A H D

Date you can begin fostering: _____

First Name: _____ Last Name: _____

Physical Address: _____ City/State/Zip: _____

P.O. Box: _____ City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Live in a... Home Apartment Mobile Other Do you... Own Rent

If renting... Landlord's Name and Number: _____

Would you be opposed to a home visit? Y N Are you 18 years of age? Y N

Do you have a car and a valid driver's license? Y N

How many occupants in house? _____ +18 _____ Children

Please list ages of children: _____

How would you describe your house? Quiet Noisy Active Average

Have you fostered before? Y N Was it with our facility? Y N

Check all that apply:

Size of dog willing to foster: Small (30 lbs. and under) Medium (30-50 lbs.) Large (Over 50 lbs.)

Age of animal willing to foster: Nenoates (bottle feeding) Young adult Adult Geriatric

Breed preferences? _____ Gender: _____

-Where will the animal be kept...

- During the day Indoors Outdoors
- When you are not at home Indoors Outdoors
- At night Indoors Outdoors

Behavior preferences (ex. energy levels, training levels, etc.): _____

How long will the animals be left alone on average (ex. Workdays): _____

Any additional information: _____

CURRENT ANIMALS				
Name/Breed	Age	Spayed or Neutered	Up to date on vaccinations?	Good with Cats or Dogs or Both
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B

Have you ever had an application denied by an adoption facility? Y N

Have you ever been convicted or accused of animal cruelty? Y N

Signature: _____ Date: _____

SPCA Foster Counselor: _____ Date: _____