



SPCA Westchester  
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 spcawestchester.org  
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### CANINE FOSTER APPLICATION

Thank you for your interest in fostering with us! today's date: \_\_\_\_\_

Our fosters:

- ❖ are at least 21 years of age (for the primary caretaker)
- ❖ have legal identification with current address
- ❖ provide vet information and/or a personal reference
- ❖ provide a copy of all household pets' vaccine records

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail Address (\*please print clearly\*): \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

➤ Do you currently live with a parent(s)?    no    yes    *\*If yes, provide information below\**

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

➤ Do you OWN or RENT:    House    Apartment    Condo/Co-op    Other \_\_\_\_\_

Landlord's Name/Management Co: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have:

- |   |    |     |
|---|----|-----|
| 1. a fenced yard? (not required, but preferred for some dogs) | no | yes |
| 2. children? (see next page)                                  | no | yes |
| 3. pets? (see below)  | no | yes |

Type/ages of all household pets (if applicable): ***\*All household pets must be altered and vaccinated\****

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is anyone in the household:

- |   |     |    |
|---|-----|----|
| 1. allergic to dogs?                    | Yes | No |
| 2. afraid of dogs?                      | Yes | No |
| 3. unwilling to have a dog in the home? | Yes | No |

Please list the name and age of all adults (over 18) in the household:

[primary caretaker of dog]: \_\_\_\_\_  
\_\_\_\_\_

Please list the name and age of all children in the household:

\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

The activity in your home is most like (circle the option that best suits you and your home):

- A library (calm and quiet)
- a beach (at times quiet, other times a lot going on)
- an amusement park (constant activity, lots of people in and out)

Where will the foster dog stay:

- during the day: \_\_\_\_\_
- at night: \_\_\_\_\_
- when left alone: \_\_\_\_\_

Are you able to transport the foster dog back to SPCA for scheduled check-ups? Yes No

Please circle all that apply:

❖ fosters you are most interested in: (For a description of each, please refer to the dog foster guide)

transport puppies - timid/shy - recovering - seniors - pregnant /nursing mothers - general

❖ length of foster:

brief (*a week or less*) - moderate (*two-three weeks*) - as long as needed - until adoption

If you currently, or within the past 2 years, have owned a pet please provide the name of your veterinarian:

Name of Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide a personal reference who is not a family member.

Name: \_\_\_\_\_ relation \_\_\_\_\_ phone \_\_\_\_\_

***ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THE APPLICATION, OR AT ANY OTHER TIME DURING THE FOSTERING PROCESS, DISQUALIFIES ME FROM FOSTERING.***

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to all information provided to me in the foster guide.

YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If you have not received and read the foster guide, please email [eileen@spcawestchester.org](mailto:eileen@spcawestchester.org) or ask office personnel for a copy prior to submitting the application\**

If during the time I am fostering the animal and it requires medical attention, I will contact SPCA Westchester. I understand medical fees carried out anywhere else other than SPCA Westchester's Cody's Clinic are my responsibility.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand I am responsible for medical fees if the foster animal becomes sick or injured due to my neglect or inattention.

Yes \_\_\_\_\_ NO \_\_\_\_\_

I understand to keep the foster animal in my possession during the foster period unless directed otherwise by an SPCA staff member.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand the foster animal and any offspring that may be born while in foster care is/are the property of SPCA Westchester and I will not give away, sell, trade or dispose of the animal.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that anyone interested in adopting my foster dog (including myself) and/or any offspring must go through the standard adoption process, and approval of candidates and placement of animals is up to SPCA Westchester.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that although SPCA Westchester takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions.

YES \_\_\_\_\_ NO \_\_\_\_\_

It is the policy of SPCA Westchester that all animals are altered prior to adoption; this supports our mission of saving homeless, abused and abandoned animals. Pediatric spay/neuter is the standard of care in shelters because of the impact it has on the overall health and longevity of animals. Recent inadequate studies have brought questions to these practices and proves that proper studies still need to be conducted. Sterilization significantly increases the life expectancy in dogs/cats, drastically decreases the number of homeless animals and therefore decreases the amount of unnecessary euthanasia in homeless pets. Spay/neuter prior to adoption is the policy of SPCA Westchester.

I understand SPCA Westchester's Spay and Neuter policy and will return the animal(s) for their spay and neuter procedure on the date provided by SPCA staff.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that I receive foster care animals at my own risk and can reject or return any animals for which SPCA Westchester has asked me to provide care. I indemnify and hold SPCA Westchester free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement. I further understand the animal may cause bodily injury to me, members of my household or any third parties, and I will not hold SPCA Westchester responsible for any injury that may arise. I release SPCA Westchester from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
SPCA Westchester Representative

Date \_\_\_\_\_

**Medical Waiver (for current household pets)**

SPCA Westchester requires all household pets be current on vaccinations. All dogs require an up-to-date DHPP, Rabies, and Bordetella vaccine. All cats require an up-to-date FVRCP and Rabies vaccine.

I, \_\_\_\_\_, state that my animals are currently vaccinated, and I agree to update their vaccines regularly. I understand that there is always a risk that foster animals can harbor contagious illnesses. I agree to keep foster pets separated from my own pets for the duration of their stay, for the health and safety of my own pets, as well as those in foster care. If I fail to do so and should they become ill as a result of the foster animal, I will assume all responsibility of any medical expense to my resident pets and will not hold SPCA Westchester accountable. Introducing household pets is not recommended and will be done at my own risk.

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
SPCA Westchester Representative

Date \_\_\_\_\_