



SPCA Westchester, Inc.
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DOG APPLICATION FORM FOR FOSTER HOME CARE

In order to be considered for foster, the applicant must:

1. Be at least 21 years of age
2. Have legal identification with your current address
3. Be able to verify that you are allowed to house dogs where you live
4. Must provide vet and/or personal references
5. Must provide a copy of all household pets' vaccine records attached to application

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-Mail Address: _____ Phone #: _____

*****Please print email clearly. The SPCA will notify you of potential fosters via email ONLY*****

Alt. Phone #: _____ How long have you lived at this
address: _____

Do you currently live with a parent(s)? Y N **If yes, provide their information below**

Parent's Name: _____ Phone: _____

Do you Own OR Rent a: House Apartment Condo/Co-op Other

****If you Rent or Own a condo/Co-op, you will be required to provide a copy of your lease/bi-laws that states you can own a pet. Otherwise, you are required to provide us with the phone # of your landlord/management company****

Landlord's Name/Management Co: _____ Phone
#: _____

Have you adopted from SPCA Westchester before? Yes No When?

Are you interested in adopting a puppy? _____

Please list the names, ages and relation of all adults in the household:

Please list the names, ages and relation of all children in the household:

Does anyone in the household have allergies to dogs?

What kind of experience have you had/have with dogs? (vet tech, groomer, happy pet owner, etc).

Do you currently own any pets? If so, list names and ages of all household pets.

**** All household pets must be altered and up-to-date medically. Please provide a copy of your pets' vaccine records along with this application. ****

Do any household pets have health issues that can affect the foster dog?

Have you ever fostered an animal before? If so, what was your experience?

Where will the foster dog or puppy stay during the day, at night, and when left alone?

Who will be the primary caretaker of the foster dog or puppy?

Are you willing to have someone from the SPCA visit your home for a home visit?

Are you willing to cover the costs of caring for a foster dog except for medical expenses?

Are you able to transport the foster dog or puppy back to the SPCA for weekly check-ups? _____

Are you willing to foster at least once annually? Yes No

*****All foster parents are required to foster at least once a year to remain in the foster program*****

Please circle which fosters you are most interested in: Bottle puppies Halfway/transport puppies

Pregnant & Nursing Mothers Timid and shy Recovering Seniors

For a description of each, please refer back to the dog foster guide. **If you have not received and read the foster guide, please email lynn@spcawestchester.org or ask office personnel for a copy prior to submitting the application**

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

Name of Vet: _____

City: _____ Phone #: _____

Please provide 2 Personal References. They should be either a work reference or a friend, **NOT** a family member or person you live with:

Name: _____ How do you know this person:

Phone #: _____

Name: _____ How do you know this person:

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: _____

SPCA of Westchester Foster Care Agreement

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 lynn@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 the SPCA Westchester. I understand medical fees carried out anywhere else other than the SPCA 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 a 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 the SPCA Westchester's 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 the SPCA Westchester.

YES _____ NO _____

I understand that although the 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 the 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 the SPCA Westchester.

I understand the SPCA of 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 the SPCA 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 of Westchester Representative

Date _____



Medical Waiver

The 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 the SPCA Westchester accountable. Introducing household pets is not recommended and will be done at my own risk.

Print Name _____

Signature _____

Date _____