Central Coast SPCA Pet Foster Application

Please list husband and wife names, if applicable.

First Name	Last Name		
Address	City	State	Zip Code
Home Phone	Work Phone	E-Mai l	
Occupation			
Other adults in household (lis	st full name and occupation for eac	h)	
Number and ages of children	1		
Pets in household (list age, se	ex and breed for each)		
Do you wish to foster a kitter	n, cat, puppy or dog?		
Does the age or sex of the an	imal make a difference to you?		
Describe any prior experience	e you have taking care of animals:		
Who will feed, exercise and tr	ain the cat/dog?	Who will socialize the cat/o	log?
Where will the cat/dog sleep	at night?		
How many hours will the cat/	dog be alone each day?	Where will it spend this t	ime?
Who will take care of the cat/	dog in your absence (vacations, em	ergencies)?	
Do you have a veterinarian? F			
(CC SPCA will pay for any nec	•		
	condo, single family house, acreage		
Do you rent? If so, do you have	ve written permission to have a cat/	dog?	
Landlord's name, address and	d phone?		
Describe your yard and fence	e. (Pool? Fenced or unfenced?)		
May we visit your home befo	re and during your foster care?		
Does anyone in your home h	ave allergies?		
How long are you willing to f	oster a cat/dog?		
Is your household supportive	e of fostering?		
Comments and Questions			
Signature		D	ate

By signing and submitting this form, I understand that sending this application does not automatically entitle me to be a foster. I understand that this application is just a beginning step in the interview process.

