



Foster Application

NEOSPCA

9555 Brookpark Road Parma, Ohio 44129
216-251-7387

Our Foster Care Program provides safe homes with caring individuals to care for and socialize animals that are too young, injured, or under socialized to be placed up for adoption. All foster care providers must complete and sign this agreement. Previous fostering experience is not a necessity, but we are looking for individuals who have basic knowledge of animal care and basic obedience training. As a foster care provider, you should remember that this is an extremely rewarding experience but time consuming and a substantial responsibility. You are working with us to help save the lives of homeless animals. We expect that you will take this responsibility as seriously as we do. Please give yourself time to consider all aspects of fostering. If you would like to participate in this program, please complete the following application.

Foster information

| | | | | |
|-----------------|--|-------------|----------------|-------|
| Last name: | | First name: | | Date: |
| Phone number: | | | Email address: | |
| Street address: | | | | |
| City: | | State: | Zip code: | |

Foster questionnaire

| | | | | |
|--|------------------|---------------------------------|---------------------|-----------------------|
| Have you fostered an animal before? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, please list the type of animal and the organization: _____ | | | | |
| What type of animals are you interested in fostering? Please circle all that apply. | | | | |
| <input type="checkbox"/> CATS | Mama and kittens | Young kittens | Sick or injured cat | Needing socialization |
| <input type="checkbox"/> DOGS | Mama and puppies | Young puppies | Sick or injured dog | Needing socialization |
| Do you <input type="checkbox"/> own your own home <input type="checkbox"/> rent | | | | |
| Are you allowed to have more animals where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord name _____ Phone _____ | | | | |
| Number of adults in the home: | | Number of children in the home: | | Ages: |
| Number of pets currently owned: CATS _____ DOGS _____ OTHER _____ | | | | |
| Do your pets currently get along with other animals? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES | | | | |
| Do you have the ability to keep your foster animals separate from your pets? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| How many hours are you away from your home each day? _____ | | | | |
| Do you have any plans to move or changes in schedule (travel, job change, starting school)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

Animal information

| | | |
|--|--------|------|
| Name of pet: | | ID#: |
| Age: | Breed: | Sex: |
| Reason for foster: PREGNANT YOUNG OTHER _____ | | |
| Expected length of stay at foster: | | |
| Please call us in _____ with a status update for our animal. | | |

Authorization:

I agree to foster this animal for the agreed on length of time. I acknowledge medical care of the animal is solely the NEOSPCA veterinarians' responsibility and will direct medical questions to them. I will provide a safe and loving home for the animals while in my care. I will contact the shelter with any questions or concerns that I have. If the animal is pregnant, the babies are the property of the shelter and I agree to return all offspring to the shelter to follow their adoption process. I will be given the opportunity to adopt ONE puppy, kitten, or adult and do not have the authority to reserve other animals in the litter for me or someone else.

| | |
|-------------------------------------|-------|
| Signature of owner/agent: | Date: |
| Approval of NEOSPCA representative: | Date: |