



SPCA OF TENNESSEE

PO Box 1014
Brentwood, Tennessee 37024-1014
(615) 354-3531
spcaoftn@gmail.com
SPCATN.ORG

Foster Home Application

Name (adults in household): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Work Hours: _____

Place of Employment: _____

Occupation: _____

Email Address: _____

A successful foster home depends on both the selection of the right Dog for your household and the understanding of his/her care taking needs. So that we may assist you with this selection please answer the following questions as completely as possible.

Do you have: House Condo Apartment Mobile Home

Do you: Own Rent

Have a Fenced in Yard? Yes No

Previous Dog Owner? Yes No

Own Other Animals? Yes No

Type Breed Gender Spayed/Neutered Age Length of Ownership

Number of Children in Household: _____ If none, are you planning to have children?

How do other family members feel about fostering a dog?

Have you read about a new family member and dog ownership? Yes No

Is anyone home during the day? Yes No

At night? Yes No Where will the dog be kept during the day?

During the night? _____

When you are away from home? _____

Is anyone in the house allergic to dogs? Yes No If yes, who? _____

Are you willing to housetrain? Yes No

Obedience Train? Yes No

What vet will be taking care of your potentially new foster family member?

Address _____

Phone Number _____

Are you willing to have a home visit prior to the fostering? Yes No

If no, why not?

All of the information that I have provided on this application is, to the best of my knowledge, true and complete. I understand falsifying answers on this application, or at any other time during the foster home process, disqualifies the household I represent from the fostering of a dog from TNSPCA

I understand that submitting an application is no guarantee that I will receive a TNSPCA dog.

I further understand that placement of these dogs is at the sole discretion of TNSPCA and a reason for rejection of an application is not required. Upon completion and signing of this application and release of veterinary information I wish to be considered for fostering a TNSPCA dog.

I also understand that if I do foster a dog from TNSPCA and should choose not to continue fostering the dog it must be returned to TNSPCA.

Applicant Signature: _____ Date:

RELEASE OF VETERINARY INFORMATION

I authorize any veterinarian or veterinary hospital/professional/kennel to furnish or discuss with

any representative of TNSPCA. all records in their possession regarding the care of the applicants dogs past or present. This information will be used in the foster care process of one of the dogs in care of TNSPCA This authorization shall remain valid for one year after the date it is signed.

Upon presentation of this release of information or a photocopy of same, you are directed to permit the personal review or discuss with a representative of TNSPCA the veterinary/kennel records.

Signature of authorization of release of information Date

Please return application to:

SPCA of Tennessee

PO Box 1014

Brentwood, TN 37024-1014

Approved By Date

Comments: _____