

SPCA of Tennessee Foster Application



PO Box 1014
Brentwood, TN 37024-1014

SPCATN.ORG

(615) 354-3531
spcaoftn@gmail.com



Applicant Information:

Last Name:

First Name:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

WORK PHONE:

WORK HOURS:

DATE:

OCCUPATION:

PLACE OF EMPLOYMENT:

EMAIL ADDRESS:

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

What type of home do you have?

House Condo Apartment Mobile home
Other

Do you own or rent?

Own Rent

Do you have a fenced back yard?

YES NO

Are you a previous dog/cat owner?

YES NO

Do you own other animals?

YES NO

If yes, please specify:

Breed: **Gender:** **Age:** **Length of ownership** **Spayed/Neutered?**

YES NO

YES NO

YES NO

How many children in your household?

If none, are you planning to have children?

Have you read about a new family member and dog/cat ownership?

YES NO

How do other family members feel about fostering a dog/cat?

Is anyone home during the day?

YES NO

Is anyone home at night?

YES NO

Where will the dog/cat sleep during the day? (check all the apply):

| | | | |
|------------|----------------|-----------------|----------|
| In a crate | In a wire cage | Pen inside | A kennel |
| Outdoors | Indoors | Tied up outside | Loose |
| Other | | | |

Where will the dog/cat sleep during the night? (check all the apply):

| | | | |
|------------|----------------|-----------------|----------|
| In a crate | In a wire cage | Pen inside | A kennel |
| Outdoors | Indoors | Tied up outside | Loose |
| Other | | | |

Is anyone allergic to dogs/cats?

YES NO

If yes, please specify:

Are you willing to house tray?

YES NO

Obedience train?

YES NO



Vet information:

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

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

All of the information that I have provided in this application is, to the best of my knowledge, true and complete. I understand that falsifying answers on this application, or any time during the foster home process, disqualifies the household I present from the fostering of a dog/cat from **SPCA of Tennessee**.

YES NO

I understand that submitting an application is no guarantee that I will receive a **SPCA of Tennessee** dog/cat.

YES NO

I further understand that placement of these dogs/cats is at the sole discretion of **SPCA of Tennessee** and a reason for rejection of an application is not required. Upon completing and signing this application and release of veterinary information I wish to be considered for fostering a **SPCA of Tennessee** dog/cat.

YES NO

I also understand that if I do foster a dog/cat from **SPCA of Tennessee** and chose NOT to continue fostering such dog/cat then it must be returned to **SPCA of Tennessee**.

YES NO

Applicant's Name:

Signature:

Date

Release of Veterinary Information:

I authorize any veterinarian or veterinary hospital/professional/kennel to furnish or discuss with any representative of **SPCA of Tennessee** 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 **SPCA of Tennessee**. This authorization shall remain valid for one year after the date it is signed.

YES NO

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

YES NO

Applicant's Name:

Signature:

Date

Please return or e-mail this application to:

SPCA of Tennessee

PO Box 1014

Brentwood, TN 37024-1014

email: spcaoftn@gmail.com

Staff only:

Staff member processing the application:

This application is:

Approved Declined

If declined, why?