



# FOSTER PARENTING WITH THE YARMOUTH SPCA

298 Hardscratch Road :: 742-9767 :: info@yarmouthspca.com

Name: \_\_\_\_\_ Gender:  M  F

Spouse/Partner (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Do you check your e-mail regularly?  Yes  No

1. Describe your home:  House  Townhouse  Apartment  
 Some pets, depending on their personality, need lots of space due to extra energy. Some are relaxed and will enjoy being indoors. Having this information will help us make good placements.

If you are renting, have you asked permission from your landlord?  Yes  No

2. Are you:  In school  Working  At Home  Retired

3. Is your spouse/partner:  In school  Working  At Home  Retired

4. Do you have any children living at home?  Yes  No Ages: \_\_\_\_\_

5. What pets have owned in the past five years?

Breed	Was the pet kept indoors/outdoors/tied etc.	Age	Sex	Fixed?	Still Owned?

6. If you have pets, are they up-to-date on their vaccinations?  Yes  No

7. If you no longer own your pets, what became of them? \_\_\_\_\_

8. Have you had a pet that has died from a contagious disease or of unknown causes in the last three months?  Yes  No Some diseases can "live" for up to three months.

9. Have you ever volunteered with an animal rescue group before?  Yes  No

If so, which one? \_\_\_\_\_

10. Do you have a safe, comfortable area to use as a "quarantine" room for new foster animals (ex. a spare bedroom, heated finished basement, etc.)  Yes  No

11. What type of animals are you willing to foster? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Adult male cat                | <input type="checkbox"/> Adult male dog             |
| <input type="checkbox"/> Adult female cat              | <input type="checkbox"/> Adult female dog           |
| <input type="checkbox"/> Pregnant cat                  | <input type="checkbox"/> Pregnant dog               |
| <input type="checkbox"/> Mother cat with young kittens | <input type="checkbox"/> Mother dog with young pups |
| <input type="checkbox"/> Weaned kittens                | <input type="checkbox"/> Weaned pups                |
| <input type="checkbox"/> Cat with special needs        | <input type="checkbox"/> Dog with special needs     |

12. If you are willing to foster a dog, do you:

- a) Have a secure fenced in yard?  Yes  No  
b) Have a place to humanely tie a dog?  Yes  No

13. A placed animal will be alone for \_\_\_\_\_ hours / day \_\_\_\_\_ days / week.

14. Are you willing to accept the risks of foster parenting?  Yes  No

*\* Foster parenting is an "at your own risk" type of position; the Yarmouth SPCA cannot be held responsible for damages or injuries caused by a foster pet, though we'll be quick to find a new placement and intervene should a foster pet need to be removed from a home for any reason. It's always unpredictable bringing a new animal into your home. We each need to decide for ourselves if the benefits outweigh the possible risks.*

15. A big part of the approval process is a home visit conducted by one of our staff team members. During this visit, we will get to know you and you will have the chance to ask us any questions you may have. Do you agree to a home visit?  Yes  No

Please list three (3) references and email addresses (or phone numbers if your references do not check their email regularly). Two references must be non-relatives. Also provide the contact information for your most recent veterinarian.

Reference 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 2: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 3: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

***Anything else you'd like to tell us? We'd love to hear from you!***

\_\_\_\_\_  
\_\_\_\_\_  
BY SIGNING AND DATING THIS DOCUMENT I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND RECOGNIZE THAT ANY FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_