



Foster Care Application

Thank you for your interest in our foster care program.
 We review applications as they are received.
 Completed applications are sent to both locations:
kmcneill@greatplainssPCA.org.

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Text Calls Only Secondary Phone #: _____ Text Calls Only
 Email: _____ **Birthdate:** _____ (Must be 18 Years of age)

What type of animals are you interested in fostering? (Please check all that apply)

CATS	DOGS	OTHER:
<input type="checkbox"/> Adult (injured/Sick)	<input type="checkbox"/> Adult (Injured/Sick)	<input type="checkbox"/> Rabbits
<input type="checkbox"/> Adult (Under Socialized/Shelter Stress)	<input type="checkbox"/> Adult (Under Socialized/Shelter Stress)	<input type="checkbox"/> Small Rodents
<input type="checkbox"/> Kittens (Eating Solid Food)	<input type="checkbox"/> Puppies (Eating Solid Food)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bottle Fed Kittens	<input type="checkbox"/> Bottle Fed Puppies	
<input type="checkbox"/> Pregnant/Nursing	<input type="checkbox"/> Pregnant/Nursing	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Hospice	
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Behavioral	

Why are you interested in fostering?

Please describe the general area where your foster animal(s) would be kept.

What experience do you have, please specify (Example: Medical, training, bottle feeding)?

Current Pets:

Name	Type of Animal	Age	Indoor/Outdoor	Spayed/Neutered
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Are all of the animals in your home up to date on vaccinations? YES / NO

Do you have a current veterinarian? _____ Phone #: _____

Will your foster dog or puppies in a separate area of your house, away from your own pets? YES / NO

Have you ever fostered before? YES / NO

How many adults in your home? _____ How many Children? _____ Their Ages: _____

Do you rent or own a home? OWN / RENT

If you rent, who is your landlord? _____ Phone #: _____

Please see your state/city regulations to ensure foster compliance.

Can a prospective adopter call you regarding your foster animal? YES / NO

Can they visit your home to see the animal? YES / NO

Please complete front and back of page

Please read the following statements about the Foster Program and initial next to them to indicate that you understand and agree to abide by them.

- _____ Your foster pet may not be house/litter-trained and puppies/kittens can be messy. You understand he/she may have accidents in your home.
- _____ Like many pets, your foster may chew or scratch on furniture, clothing, or other objects. You are comfortable working with this behavior. Great Plains SPCA is not responsible for any damage.
- _____ You agree to keep you foster dog on a leash, enclosed area or inside your home at all times or your cat(s) inside your home at all times.
- _____ You will not take your foster animal to a veterinarian or administer medications unless directed to do so by Great Plains SPCA. Great Plains SPCA will not reimburse foster volunteers for any unapproved veterinary expenses.
- _____ Representatives from Great Plains SPCA may need to contact or visit you to discuss the foster pet. You agree to be entirely honest and forthright in regards to your foster pet's condition, be it positive or negative.
- _____ There is some risk to your own animals, especially if your foster animals are not kept separate. You understand that Great Plains SPCA is not responsible for your own pet's medical treatment.
- _____ Great Plains SPCA is the legal guardian of your foster animal. You understand Great Plains SPCA has the final authority in regards to the animal's adoption, treatment, or disposition.

As a foster parent, you may have an animal in your care for a short period of time (1 week) or an extended period of time (as many as 3 months or more). This will frequently be determined when you receive an animal to be fostered. However, this amount of time is subject to change depending on circumstances at the shelter. If you know that you will be on vacation during the period of time you are being asked to foster, please tell Great Plains SPCA as soon as you know. This will allow us to find the most suitable temporary accommodations for your animal.

As a foster parent, we want you to know that it is occasionally necessary to euthanize animals that have been in foster care. Although this is an option on last resort, it does occur for a variety of reasons.

By signing this form, you agree to the above statements and certify that the answers given above are true:

Signature: _____ Date: _____

Attention Kansas Residents

All Kansas foster applicants must be licensed to foster under Great Plains SPCA per the Kansas Department of Agriculture. In addition, Kansas now requires annual home inspections.

It is an annual (Oct 1st – Sept 30th) fee of \$10 per home.

Payment: Date: _____ Cash: _____ Check: _____

Checks can be made payable to Great Plains SPCA

Staff Member: _____

Receipt Made: _____