



Foster Care Application

Thank you for your interest in our foster care program.
We review applications as they are received. Send completed applications to:

KEverett@greatplainssPCA.org - Merriam
kmcneill@greatplainssPCA.org - Independence

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

- Adult (injured/Sick)
- Adult (Under Socialized/Shelter Stress)
- Kittens (Eating Solid Food)
- Bottle Fed Kittens
- Pregnant/Nursing
- Hospice
- Behavioral

DOGS

- Adult (Injured/Sick)
- Adult (Under Socialized/Shelter Stress)
- Puppies (Eating Solid Food)
- Bottle Fed Puppies
- Pregnant/Nursing
- Hospice
- Behavioral

OTHER:

- Rabbits
- Small Rodents
- Other: _____

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

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: _____