

**Almost Home Pet Adoption Center**  
Humane Society/SPCA of Nelson County  
29 Stagebridge Rd, Lovingston, VA 22949-2446  
434-263-7722



## FOSTER CARE APPLICATION

Please answer each question as completely and candidly as possible. This information will help us determine which foster animal(s) will be most compatible with your situation.

### 1. PERSONAL DATA

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
EMAIL: \_\_\_\_\_ (PLEASE PRINT CLEARLY)

### 2. I AM WILLING TO FOSTER (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Dogs awaiting placement/adoption         | <input type="checkbox"/> Cats awaiting placement/adoption    |
| <input type="checkbox"/> Orphaned puppies                         | <input type="checkbox"/> Orphaned kittens                    |
| <input type="checkbox"/> Nursing mother & puppies                 | <input type="checkbox"/> Nursing mother & kittens            |
| <input type="checkbox"/> Shy/Sensitive Dogs (not aggressive)      | <input type="checkbox"/> Shy/Sensitive Cats (not aggressive) |
| <input type="checkbox"/> Dogs recovering from injury/trauma       | <input type="checkbox"/> Cats recovering from injury/trauma  |
| <input type="checkbox"/> Dogs receiving treatment/therapy         | <input type="checkbox"/> Cats receiving treatment/therapy    |
| <input type="checkbox"/> Adult dogs needing behavior modification |  |

### 3. HOUSEHOLD INFORMATION

LIVING ACCOMODATIONS:  House  Apartment  Other \_\_\_\_\_  Own  Rent  
If renting, list landlord's name & phone \_\_\_\_\_  
Do you have a fenced-in yard?  Yes  No Are your windows screened?  Yes  No  
In addition to yourself, how many adults (18 y.o.+) live in your home? \_\_\_\_\_  
How many children live in your home (or visit regularly)? \_\_\_\_\_  
What are their ages? \_\_\_\_\_

### 4. ANIMAL CARE INFORMATION

Describe your experience in caring for animals. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
In caring for sick or orphaned animals: \_\_\_\_\_  
\_\_\_\_\_

SPECIES	BREED	SEX	AGE	VACCINE CURRENT	ALTERED	WHERE KEPT?

Where do you plan to keep the foster animals? \_\_\_\_\_

How many hours per day will the animal be without adult care? \_\_\_\_\_.

Are you able to transport the foster animal(s) in your care?  Yes  No

Would you be interested in participating in adoption outings?  Yes  No

**Fostering infant animals, litters, or animals recovering from illness or surgery requires a time commitment of 1-8 weeks or more.** How many consecutive weeks are you prepared to care for fosters? \_\_\_\_\_

Where did you hear about our foster care program? \_\_\_\_\_

Please provide names and telephone numbers for three personal references, including your veterinarian:

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

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

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

All the information I have provided on this application is, to the best of my knowledge, true and complete. I am willing to allow the HS/SPCA to visit my home before and during fostering, and will return any foster animal promptly upon request by the HS/SPCA.

**Foster Care Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR STAFF USE ONLY

<p>FOSTER CARE REQUIREMENTS REVIEWED WITH APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HOLD-HARMLESS &amp; ANIMAL CRUELTY AFFADAVIT SIGNED AND ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HOME CHECK COMPLETED BY _____ DATE _____</p> <p>LANDLORD PERMISSION (if applicable) _____</p> <p>NOTES : _____</p> <p>_____</p> <p>Application Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____ Date: _____</p>
--