



## CAT FOSTER CARE GIVER APPLICATION

The Kings County SPCA's Foster Care Program needs volunteer care givers to provide a temporary home for the animals for which it assumes responsibility. This application is designed to provide the program director with basic information to assess suitability and assist in providing a 'good fit' between foster parents and SPCA animals. As legal guardians of its animals, the Kings County SPCA has an obligation to select those applicants who can best meet the needs of the program at the time of application. The information you provide here is held in confidence and your patience in answering these necessary questions is appreciated. All applications are reviewed carefully and a response can be expected within a maximum of two weeks from receipt of application.

### PERSONAL INFORMATION (please print):

Applicant name (first, middle initial and last): \_\_\_\_\_

Significant other residing at the same address: \_\_\_\_\_

Civic address: \_\_\_\_\_ city \_\_\_\_\_ postal code \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell phone \_\_\_\_\_

Answering machine/service Yes No Email: \_\_\_\_\_

Best time to be contacted by phone: a.m. \_\_\_ p.m. \_\_\_ evenings \_\_\_ anytime \_\_\_

You are applying for: ongoing foster care \_\_\_ respite/ emergency care \_\_\_

### Residence:

You: \_\_\_ own your home \_\_\_ live in a home not your own  
\_\_\_ rent an apartment \_\_\_ rent a house  
\_\_\_ live in a dorm

### Renter information:

Landlord's name: \_\_\_\_\_

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

How long have you lived at your current address? \_\_\_\_\_

If less than one (1) year, give previous civic address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Current status: Working \_\_\_ Retired \_\_\_ Homemaker \_\_\_ Student \_\_\_ Other \_\_\_

Mobility: Do you own a vehicle? Yes No

### **PET OWNERSHIP HISTORY:**

List the animals you have owned in the last 5 years: \_\_\_\_\_

Are your animals spay/neutered? Yes No

If any died in that time please indicate cause of death: \_\_\_\_\_

Have you relinquished ownership of any of your animals? Yes No. If yes why? \_\_\_\_\_

### **ABOUT YOUR HOUSEHOLD**

1. Number of adults in the home \_\_\_\_ Number of children and their ages \_\_\_\_\_

2. Do you have other children who regularly visit? No Yes (list ages \_\_\_\_\_)

3. How many pets do you have? Indoor cats \_\_\_\_ Outdoor cats \_\_\_\_ Indoor/outdoor cats \_\_\_\_  
Indoor dogs \_\_\_\_ Outdoor dogs \_\_\_\_ Other \_\_\_\_\_

4. Other pets/livestock \_\_\_\_\_

5. Do your other animals get along with other dogs \_\_\_\_ with puppies \_\_\_\_?

6. Your veterinarian's name: \_\_\_\_\_ Clinic: \_\_\_\_\_  
(You will need to give your veterinarian permission to speak to the program coordinator)

7. How many hours a day will the foster cat be left alone? \_\_\_\_\_

8. What is the noise / activity level like in your home? \_\_\_Quiet \_\_\_ moderate \_\_\_ busy \_\_\_very busy \_\_\_

9. Is anyone in your household allergic to cats? Yes No

10. Where would the foster cat be when you are at home \_\_\_\_\_ and  
when you are not at home? \_\_\_\_\_

11. Where would the foster cat sleep at night? \_\_\_\_\_

12. Do you have a spare room with natural light where a cat could be placed to adjust to its new  
environment? Yes No

### **YOUR COMMITMENT**

**The volunteer foster care coordinator must manage a large number of foster homes. This is only possible if you agree to commit to the following:**

13. Do you agree to keep the cat indoors for the duration of its stay with you? Yes No

14. Do you agree to transport the cat when needed to vet appointments and adoption days? Yes No

15. Do you agree to get food and other supplies which the SPCA will provide? Yes No

16. Are you willing to open your home to visits by the coordinator? Yes No

17. Are you willing to accept visits from potential adoptees? Yes No

**YOUR EXPERIENCE**

18. Have you ever been involved in the birth of an animal? Yes No

19. Do you have experience in caring for sick, injured, or abused cats? Yes No

Please list any additional skills or training that may be helpful in fostering dogs in your home:

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***PLEASE GIVE THREE (3) REFERENCES THAT WE CAN CONTACT:***

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

Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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

**VETERINARY INFORMATION DISCLOSURE CONSENT**

I, \_\_\_\_\_, am applying to become a foster care provider for the Kings County SPCA.

I hereby authorize my veterinarian, Dr. \_\_\_\_\_ at \_\_\_\_\_ and any of the clinic or office staff of that clinic, to release confidential information concerning me, my animals, their health and history only to the Foster Care Program Director of the Kings County SPCA. I understand that this information will be used solely to help assess my suitability as a prospective foster parent and all information will be kept strictly confidential.

I understand that my veterinarian requires this written consent to release any personal and confidential information that the SPCA program director may require.

Applicant name: (please print) \_\_\_\_\_

Applicant signature: \_\_\_\_\_

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

**APPLICANT DECLARATION**

I certify that the information I have given on this form is true and complete. I authorize the Kings County SPCA to contact my references and my veterinarian.

Applicant signature: \_\_\_\_\_

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

Witness's Signature: (please print) \_\_\_\_\_

Witness signature: \_\_\_\_\_