

# Fauquier SPCA, Inc. Foster Application



Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Email \_\_\_\_\_

**To insure that this Foster Home Placement is in the best interests of both you and the animal, we ask that you answer the following questions. Please initial.**

Are you willing to spend the time and share the space to properly care for this animal during its foster care? \_\_\_\_\_

What is your current living arrangement, house or apartment? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ If you rent, does your lease allow pets? \_\_\_\_\_

If applicable, please provide: Landlord Name: \_\_\_\_\_ Landlord Number: \_\_\_\_\_

Where will the animal be kept during the day? (be specific) \_\_\_\_\_

Where will the animal be kept during the night? (be specific) \_\_\_\_\_

Where will the animal be kept when you are at home? (be specific) \_\_\_\_\_

Have you had any previous foster care experience? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the name and phone number of one non-family reference with whom we could discuss your fostering a shelter animal: \_\_\_\_\_

In consideration of my participation in the activities of the Fauquier SPCA, Inc; I do hereby agree to hold free from any and all liability the Fauquier SPCA and its respective officers, employees, and members and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to me arising out of or connected with my participation in any of the activities or duties of the Fauquier SPCA. I hereby do declare myself to be physically sound, having medical approval to participate in the activities of the Fauquier SPCA.

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

Fauquier SPCA approving representative: \_\_\_\_\_ Date: \_\_\_\_\_