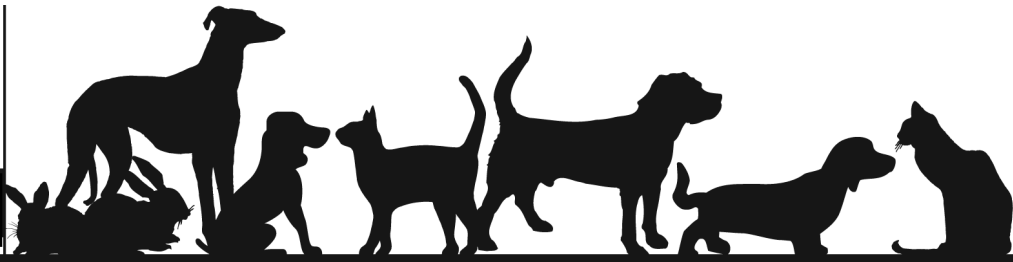




SACRAMENTO  
SPCA

Foster Application



## FOSTER PARENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Time lived current residence \_\_\_\_\_

Do you OWN or RENT your home? (please circle one)

Number of adults in household? \_\_\_\_ Children? \_\_\_\_ Ages of children \_\_\_\_\_

### Current Pets:

| Type of pet | Age   | Sex(spayed/neutered) | How long owned? |
|-------------|-------|----------------------|-----------------|
| _____       | _____ | _____                | _____           |
| _____       | _____ | _____                | _____           |
| _____       | _____ | _____                | _____           |
| _____       | _____ | _____                | _____           |
| _____       | _____ | _____                | _____           |

### Animals you would be interested in fostering (Please check all you would be willing to foster)

- Dogs     Cats     Kittens     Puppies     Birds     Turtles  
 Rabbits     Guinea Pigs     Rats\Mice     Reptiles     Nursing mothers  
 Cats with Upper Respiratory Infection     Unweaned kittens/puppies  
 Dogs with Kennel Cough     Special needs animals

Are all members of household agreeable to fostering? \_\_\_\_\_

Who will be responsible for the animals' care? \_\_\_\_\_

Do you work:      FULL TIME              PART TIME              HOME DURING THE DAY

How many hours per day would the animal be left alone? \_\_\_\_\_

Are you willing to administer medications (pills or liquid)? \_\_\_\_\_

Are you willing to bring the animal to the SPCA for vaccinations\checkups? Yes No

Where will the animal be housed during the day? \_\_\_\_\_

Are you able to keep your pets separate from foster pets?              Yes              No

Are your own pets current on their vaccinations? \_\_\_\_\_

How would you describe your yard in terms of size? SMALL      MEDIUM      LARGE

Is your yard fully fenced?      Yes      No

Type of fencing:              WOOD              CHAIN-LINK              OTHER\_\_\_\_\_

What is the height of your fence at its lowest point? \_\_\_\_\_

Are you willing to attend a training class prior to fostering?              Yes              No

How did you hear about the foster care program? \_\_\_\_\_

Have you been convicted of any crime in the past seven years? Yes/ No

If yes, state nature of the crime(s), when/where convicted, & disposition of the case. Include pleas of nolo contendere and adjudications withheld. Include arrests where you are out on bail or out on your own recognizance pending trial. Exclude participation in a criminal diversion program (a work or education program as part of probation), any conviction that has been sealed, expunged or legally eradicated, traffic violations for which the fine was \$300 or less, and any misdemeanor conviction for which probation has been successfully completed or otherwise discharged AND the case has been judicially dismissed pursuant to PC code1203.4. Convictions for marijuana-related offenses that are more than two years old need not be listed or any offense which was finally settled in juvenile court or referred to the youth authority.

(Note: No potential foster parent will be denied consideration solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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