



## CCSPCA Foster Care Application Form

103 S. Hughes Ave, Fresno CA, 93706

Phone: (559) 233-7722 ext. 127 Email: [Foster@ccspca.com](mailto:Foster@ccspca.com)

### Contact Information

Full name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Email address: \_\_\_\_\_

### Family & Housing

1) How many adults are there in your family (their relationship to you?) \_\_\_\_\_

\_\_\_\_\_

2) How many children (ages and their relationship to you)? \_\_\_\_\_

\_\_\_\_\_

3) What type of home do you live in; single family, town home, apartment, farm, etc.?

\_\_\_\_\_

4) Please describe your household: \_\_\_\_\_ Active \_\_\_\_\_ Noisy \_\_\_\_\_ Quiet \_\_\_\_\_ Average

5) If you rent, please give the rules governing pets and the landlord's name and phone number.

Rules: \_\_\_\_\_

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

6) Does anyone in the family have a known allergy to dogs/cats? \_\_\_\_\_

\_\_\_\_\_

7) Is everyone at home in agreement with the decision to fostering a pet? If no, please explain.

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8) Do you have time to provide adequate love and attention? \_\_\_\_\_

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### Other Pets

1) What other pets do you currently have (specify type, breed, age and number of pets)?

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2) Are these pets up to date on vaccines? If not, why? \_\_\_\_\_

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3) Are these pets spayed/neutered? If not, why? \_\_\_\_\_

4) Have you ever surrendered a pet to the CCSPCA or any other animal care facility? If so, why?

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5) Have you ever had a pet euthanized? If so, why? \_\_\_\_\_

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6) Have you ever lost a pet to an accident? Please explain. \_\_\_\_\_

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7) How do you discipline your pets and why? \_\_\_\_\_

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### Veterinarian

Do you have a regular veterinarian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Pets You Wish to Foster

	Kittens that are weaned but are too young to be adopted
	Mother cat with kittens
	Injured or ill cats
	Puppies that need bottle feeding
	Puppies that are weaned but are too young to be adopted
	Mother dog with puppies
	Injured or ill puppies

8) Where will the pet spend the day? (describe) \_\_\_\_\_

\_\_\_\_\_

9) Where will the pet spend the night? (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10.) Number of hours per day (average) pet will spend alone? \_\_\_\_\_

11.) Who will have primary responsibility for this pet's daily care? \_\_\_\_\_

12.) Who will have financial responsibility for this pet? \_\_\_\_\_

13.) Do you agree to provide regular health care by a Licensed Veterinarian? \_\_\_\_ Yes \_\_\_\_ No

14.) Will you be keeping the foster as an indoor or outdoor pet? \_\_\_\_ Indoor \_\_\_\_ Outdoor

15.) FOR DOG APPLICANTS:

A.) Is your yard fenced? \_\_\_\_\_ Yes \_\_\_\_\_ No

B.) If fenced, what type of fence is it? \_\_\_\_\_

C.) If not fenced, how do you plan to contain the dog while you are not present? \_\_\_\_\_

\_\_\_\_\_

16.) Are you willing to let a representative of CCSPCA visit your home by appointment?

\_\_\_\_\_Yes \_\_\_\_\_No

All of the information I have given is true and complete. This animal will reside in my home as a foster pet. I will provide it with quality pet food, plenty of fresh water, indoor as well as outdoor shelter, and affection. I understand that I receive foster animals at my own risk. I also understand that although the CCSPCA has taken reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animal's health, behavior, or actions. I therefore assume all liabilities and hold the CCSPCA free from any direct, remote, or consequential damages arising out of this foster arrangement.

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

FOR CCSPCA STAFF

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Declined: \_\_\_\_\_ Date: \_\_\_\_\_