



SPCA Suncoast Foster Care Application & Agreement

Foster Animal Information (for office use only)

Animal Name _____ ID# _____ Dog ___ Cat ___ Breed _____ Gender _____	
Chip # _____	DOB/Current Age _____ Color(s) _____ Weight _____
Foster Medical Reason: _____	Date of Pickup: _____ Foster Expiration Date: _____
Scheduled Vet Appointment _____	Date to be Returned: _____
Personal Information (please print) Note: Must be 18 Years or older	
Name _____	Driver License # _____ State Issued _____
Address _____	City _____ State _____ Zip Code _____
Phone # _____ ALT # _____	Date of Birth _____ Email Address _____

Household and Family Information (please print)

How long have you lived at this address? _____ Years _____ Months _____

Please check one of the following: House ___ Condo ___ Apartment ___ Mobile Home ___

Own ___ Rent ___ Landlord's name _____ Phone # _____

Number of Children living in home _____ Ages of Children _____ Number of Adults in home _____

Currently owned Dogs ___ Cats ___ Other Pets ___ (Type) _____ Anyone allergic to Pets? _____

HOA Pet Restrictions ___ Yes ___ No (If yes) Restricted weight _____ Restricted breed _____

Pets current on vaccines? _____ (All dogs must be current on heartworm prevention and flea control)
Brand of Flea Control _____ Brand of Heartworm Preventative _____

*Name of Veterinarian _____ City/State _____ Phone # _____
(This will be verified before releasing animal to foster)

Emergency Contact: _____ Phone # _____ Alt # _____

Address _____ City _____ State _____ Zip _____

Terms and Conditions of Foster Application Agreement

I agree that I am a permanent resident of Pasco County, Florida and will not transport the foster animal outside of Pasco County.

I agree to safely transport foster animal(s) to and from the SPCA Suncoast shelter for all scheduled medical appointments including any spay/neuter surgery that has been scheduled prior to leaving the facility.

I agree to contact the Foster Coordinator if the animal needs medical attention other than the regular scheduled medical appointments. I understand that SPCA Suncoast will not reimburse me for non-approved medical expenses accrued with outside veterinarian clinics nor for any expenses incurred as a result of this foster animal.

I agree that all services related to foster care are provided strictly on a volunteer basis and I will receive no benefits, pay or other compensation. I also understand that fostering does not guarantee my adoption of the animal but that I do have the opportunity of being first in line to adopt. A meet and greet is required if other pets live in the home.

I agree any animals already in my home are current on booster and rabies vaccinations and are licensed per the county ordinance prior to taking this foster animal into my home.

I agree to provide adequate food, shelter and water to the above mentioned animal.

I agree to periodic home checks at the discretion of the Foster Coordinator and/or that I will bring the foster animal back to the SPCA Suncoast Shelter when requested to so anytime during the foster period.

I agree that the foster animal is to be kept indoors and must be accompanied and supervised at all times by foster provider if taken outdoors. Dogs must be held on leash while walking outdoors.

I understand that I do not have the right to re home, transfer or place this foster animal into any home that is not my own and that if I am unable to care for the animal, I am to return it to the SPCA Suncoast Shelter immediately.

I understand that the foster animal will be returned to SPCA Suncoast upon expiration of the foster period and that if I refuse to return the animal upon request of the shelter at any time, I am now in possession of stolen property. The foster animal remains the property of SPCA Suncoast of West Pasco. You may not transfer, sell or adopt the foster animal(s) to another person.

I understand that SPCA Suncoast will not be held liable for any property damage, injuries and/or illnesses to humans or personal pets which may occur from fostering this animal and I release and hold harmless SPCA Suncoast, its officials, agents, employees, representatives and volunteers, from all losses, damages, costs, expenses, liability, claims, actions and judgments of any kind including litigation and attorney fees arising from my fostering.

If the foster animal dies while in your care, the remains must be returned to SPCA Suncoast immediately.

I certify that no person in my home or caring for this animal has been charged or convicted of animal cruelty. (Background checks are conducted.)

I certify below that I am 18 years of age or older and that: (1) I have read, understood, and consent to the provisions of this Foster Care Agreement and: (2) I have truthfully filled out this application.

Foster Parent

Date

SPCA Suncoast Foster Coordinator

Date