



ROANOKE VALLEY
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
 1340 Baldwin Avenue - Roanoke, VA 24012
 (540) 339-WAGS Fax (540) 339-9530 <http://www.rvspca.org>

FOSTER CARE APPLICATION

The RVSPCA often accepts animals in need of extra care and attention, such as orphaned animals, newborn litters of puppies or kittens, and animals recovering from illness or injuries. Volunteer foster parents will provide temporary care for animals in the volunteer's home. This includes feeding, socializing, medicating (if necessary), grooming and training foster animals. Foster parents will return all foster animals to the RVSPCA at the scheduled time, or at any time upon request of the RVSPCA. The RVSPCA will provide foster parents with nearly everything their charges will need. Foster parents will provide the love, patience and dedication their foster animals need.

Name	
Street Address	_____
City, State, Zip	
County/City	
Home Phone	
Work Phone	
Cell Phone	
E-Mail	

Type of animal you are interested in fostering: Puppies _____ Kittens _____

Are you able to foster a mother cat or dog along with her babies? Yes _____ No _____

Are you able to foster orphaned kittens or puppies? Yes _____ No _____

Type of residence (Circle):

House - Townhouse - Duplex - Apartment - Mobile Home - Condo

Do you own: _____ or rent: _____

If you rent, we will need to verify your landlord's pet policy. Please provide your landlord's name and phone number:

Do any members of your household suffer from allergies? Yes No

Please describe: _____

How many people live in your home? Adults _____ Children _____

Who will be responsible for the care of the animal? _____

Do you have a fenced in yard? Yes No

If yes, type & size of fence: _____

Have you fostered an animal before? Yes No

If yes, for whom and how long: _____

Please describe the animal: _____

Do you have any animal care experience? Yes No

Please describe: _____

Why do you want to foster an animal? _____

Have you ever cared for a sick or injured animal? Yes No

Please describe _____

Are you capable of giving medication to a foster animal if necessary? Yes No

Do you have a separate room in your home for a foster animal? Yes No

Please describe: _____

Are you able to keep any household pets separate from foster animals? Yes No

If the foster animal becomes ill, you will contact the RVSPCA immediately? Yes No

If necessary, can you transport a sick or injured foster animal to a veterinarian? ____ Yes ____ No

How long are you able to foster an animal? _____

Have you or anyone in your household ever been convicted of any animal related misdemeanor or felony offense? ____ Yes ____ No

What other animals do you have at home?

Breed	Sex	Age	Spayed/Neutered	Do you own this animal?

We will need to verify that all your animals are current on their vaccinations. Please list your veterinarian's name and phone number so that we may contact them if needed.

DOGS:

Dog Name	Distemper Exp. Date	Bordatella Exp. Date	Rabies Exp. Date	Flea/Tick Treatment Type & How often	Heartworm Preventative

CATS:

	FelV/FIV Results/Date	Panleuk Exp. Date	Rabies Exp. Date	Flea/Tick Treatment Type & How often

Are your pets' medical records under your name? If not, please list the name under which these medical records are kept. _____

Please provide two personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you object to a RVSPCA representative coming to your home to check on the animal while it is in your care? ____ Yes ____ No

Have you owned other animals not listed above in the past 5 years? ____ Yes ____ No

What happened to those animals? _____

PET'S HEALTH AND DISPOSITION

The RVSPCA cannot guarantee the health or disposition of any foster animals. We do not have past health records for these animals and there is some risk associated with taking in foster animals. Family pets should be current on all shots and foster pets should be kept isolated from your family pets for the protection of all animals.

EXPENSES

The RVSPCA will pay for outside vet care for foster animals if it's life threatening and after Shelter hours. If a medical emergency arises during business hours, you are to contact the RVSPCA Veterinarian, Monday through Friday, 8:30-5:30 at 339-9504. After hours, you can contact Emergency Vet Services on Peters Creek Road at 563-8575.

TRANSFER OF ANIMALS

Animals cannot be transferred to the custody of any other person without the prior consent and permission of the RVSPCA.

ADOPTION

Foster parents can adopt one foster animal if you choose to do so at a reduced fee of \$40 for puppies under 6 months and \$25 for dogs 6 months and older and all cats and kittens. Foster parents are always encouraged to find prospective owners for their foster animals. Prospective adopters must meet RVSPCA's guidelines and the adoption and custody must occur after the foster animals have been returned to the RVSPCA, shots have been given, they've been spayed or neutered, and paperwork has been completed.

RETURN OF ANIMALS

All the animals that you foster for the RVSPCA must be returned by the date specified in the foster contract that you will sign at the beginning of the foster period unless other arrangements are made during the foster period.

ACCURACY OF INFORMATION

The information that you have provided the Roanoke Valley SPCA is correct to the best of your knowledge. If at any time the information you have provided changes, please provide an updated Foster Care Application to the RVSPCA.

Foster Care Applicant

Date

Shelter Representative

Date

*****A separate form should be filled out each time a pet is fostered. Litters can be placed on one form*****

-----FOR OFFICIAL USE ONLY-----

If denial, state reason and sign:

Vaccinations given: _____ Date: _____

Comments: _____

-----FOR OFFICIAL USE ONLY-----
 ROANOKE VALLEY SPCA INC.

**Foster Home Initial Inspection
 And Self-Assessment Form**

- Form is to be completed during initial inspection and prior to approval by the sponsoring organization. (Document maintained by sponsoring organization and filed with the State Veterinarian.)
- Form is to be completed twice a year as a self-assessment, by the foster home operator. (Document is maintained at the foster home location.)

Name of Foster Home Owner:			
Address of Foster Home:			
ANIMAL CARE	Y	N	N/A
Operator has sufficient resources to provide, and does provide, adequate food. 3.1-796.96:3, 3.1-796.68 and 3.1-796.66			
Operator has sufficient resources to provide, and does provide adequate water. 3.1-796.96:3, 3.1-796.68 and 3.1-796.66			
Operator has sufficient resources to provide, and does provide properly cleaned shelter for each animal. 3.1-796.96:3, 3.1-796.68 and 3.1-796.66			
Operator has sufficient resources to provide, and does provide, adequate space in the primary enclosure. 3.1-796.96:3, 3.1-796.68 and 3.1-796.66			
Each animal is provided with adequate exercise, or the operator is capable of providing each animal with adequate exercise. 3.1-796.96:3, 3.1-796.68 & 3.1-796.66			
Each animal is provided with adequate care, treatment and transportation, or each operator is capable of providing each animal with adequate care, treatment and transportation. 3.1-796.96:3, 3.1-796.68 and 3.1-796.66			
Each animal is provided with veterinary care when needed, or to prevent suffering or disease transmission: or the operator is capable of providing each animal with veterinary care when needed or to prevent suffering or disease transmission. 3.1-796.96:3, 3.1-796.68 and 3.1-796.66			
Tethering is not utilized as a "primary enclosure" or the operator will not use tethering as a "primary enclosure." 3.1-796.96:3			
The premise where animals are, or will be, housed provides a reasonable and comfortable climate appropriate for the age, species, condition, size, and type of animal. 3.1-796.96:3			

Y = In Compliance; N = Not in Compliance; N/A – Not Applicable