



A SAFE SHELTER

ROANOKE VALLEY **SPCA**

Please email your completed form to Amber Miller, Foster Coordinator at amiller@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 pet with medical needs? Dog _____ Cat _____

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:

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 ____

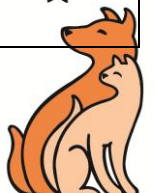
What other animals do you have at home?

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:

	FeIV/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? _____



Zoonotic Disease Disclosure

Zoonotic diseases are those that can be passed from other species to humans. Examples are ringworm, tapeworm, roundworms and rabies. We impress upon all fosters that safe handling techniques and hygiene are important elements of sharing our home with pets. Washing hands after handling and monitoring the health and behavior of the animals in your care is critical. Please understand that most young cats and kittens arriving at the shelter have had no previous veterinary care and may expose your companion animals and/or you to disease. While the occurrence of disease transmission is rare, please understand that the Roanoke Valley SPCA cannot assume financial, medical or veterinary responsibility for any transmissions that may occur to yourself, your family or companion animals.

Anyone who is pregnant or may become pregnant or has a compromised immune system should consult their physician before welcoming a foster pet into their home.

Please sign below acknowledging you have read and understand the possible risks of fostering animals in your home.

Signature (electronic signature)

Date

Printed Name

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.



