



Foster Care Application

Name: _____
Last First M

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

E-mail address: _____

1. Do you own your own home? Yes No
2. Do you have permission from the homeowner to have animals on the premises?
 Yes No

Name of Home Owner:

Home Owner's Phone Number: _____

3. Have you had previous experience in fostering or hand-raising animals?
 Yes No

3a. If yes, please provide details:

4. Do you currently own pets? Yes No
- 4a. If yes, what types of pets do you own and how many?

Dogs _____ Cats _____ Other _____

5. Are your pet's vaccinations current? Yes No
- 5a. If no, please explain

6. Are your pets spayed/neutered? Yes No
7. Have you ever encountered any previous animal cruelty charges? Yes No

8. As a foster parent, I can help with the following:

- Sick/injured cats-indeterminate amount of foster care, from one week to three months
- Young kittens – would need approximately four (4) weeks of foster care
- Mother cats and kittens – would need approximately six (6) to eight (8) weeks of care
- Sick/injured dog – indeterminate amount of foster care, from one (1) week to three (3) months
- Young puppies – would need approximately four (4) weeks of foster care
- Mother dog/puppies – would need approximately six (6) to eight (8) weeks of foster care
- Adult dog or cat (circle one) that just needs TLC

Any additional comments you would like to make:

Foster Agreement:

- The animal (s) shall remain the sole property of the Peninsula SPCA
- The animal (s) shall be returned to the Peninsula SPCA upon request, or if I am no longer able to adequately care for them.
- I agree to provide food, water, shelter and TLC to the foster animals and to follow all medical instructions.
- If medical care is needed I will call the Peninsula SPCA Foster Care Manager and arrange to bring the animal to the shelter for any and all medical treatment unless other arrangements have been made by the Foster Care Manager.
- I understand that I do not have any right or authority to keep or place foster animals in other homes or with other individuals.
- I understand that all foster animals should be confined to areas away from my own personal pets. I am aware that once kittens reach **2lbs 5oz**, they must be returned to the Peninsula SPCA for adoption, unless other arrangements have been made with the Foster Care Manager.
- I am aware that all puppies **8 weeks** of age must be returned to the Peninsula SPCA for adoption, unless other arrangements have been made with the Foster Care Manager.
- I am aware that any suspicions of animal cruelty or neglect will result in the animal being returned to Peninsula SPCA.
- I am aware that if the foster animal should die in my care, the body must be returned to the Peninsula SPCA for disposal.
- I am aware that should I choose to adopt the animal myself, I will need to follow all adoption policies.
- I am aware that these animals may come from unknown situations and have no health guarantees.
- I understand that many viruses have an incubation period of 7-14 days, and I understand that my own pets may be at risk of contracting a contagious virus. I accept that risk and the responsibility of treatment if necessary, at my own veterinarian and at my own expense.
- I understand I must call the Foster Care Manager before bringing my foster animals in for adoption.
- I understand all time schedules for the return of foster pets are dependant upon space available in the shelter. I know that making "room" for my foster animals would defeat the purpose of the entire program.
- I do hereby swear or affirm that I have never been convicted of animal cruelty, neglect or abandonment.

Signature

Date

Application received by _____	Date _____
Approved by _____	Date _____
Denied by _____	Date _____
Reason for Denial _____	



INNOVATIVE ENTERPRISES, INC.

Fair Credit Reporting Act Disclosure and Authorization Statement

Printed Name of Applicant: _____ *

Maiden Name: (If applicable) _____ *

Social Security Number: _____ *Date of Birth: ____/____/____ *

Street Address: _____ *

City: _____ * State: _____ * Zip Code: _____ *

Drivers License Number and State: _____ *

Please read carefully before signing below.

For the purpose of evaluating my application for full-time employment or temporary assignment, I understand Peninsula SPCA may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal background record, driving record, or mode of living.

I understand that upon written request to Peninsula SPCA, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation (I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends or associates with whom I am acquainted.)

By signing below, I am authorizing Peninsula SPCA to obtain a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize Peninsula SPCA to obtain additional consumer or investigative consumer reports on me to evaluate my trustworthiness and reliability for purposes of determining continued access authorization.

By signing below, I also acknowledge that Peninsula SPCA will provide me with a summary of my rights under the federal Fair Credit Reporting Act if requested.

This information on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background review and will not be used in any way in making an employment or assignment decision.

Signature of Applicant: _____

Date Signed: _____

Client References # 2706 Peninsula SPCA Fax Number 1-888-777-9436

Statewide Criminal _____ County Criminal _____ Motor Vehicle Record _____ Social trace _____

Criminal Report (Where?)(1) _____ (2) _____ (3) _____

Reference Code for invoices _____ Multi-States Search _____