

**ELLIS COUNTY SPCA – FOSTER APPLICATION**

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

What type of animal are you interested in fostering: (Check any that apply)  Dog  Cat  
 Kittens  Puppies  Expectant/Nursing Mothers

Do you currently own any pets?  Yes  No (If yes, please list)

<u>Type of Animal</u>	<u>Male/Female</u>	<u>Altered</u>	<u>Inside/Outside</u>
a. _____			
b. _____			
c. _____			

Do you rent? \_\_\_\_\_ If yes:  Apt.  House  Condo  Duplex  Mobile/Court

**\*\*\*\*Prior to finalizing fostering verification with landlord is necessary. \*\*\*\***

Landlord/Building Name: \_\_\_\_\_

Are your pets current on vaccinations? Yes  No

Is the animal going to be inside or outside? \_\_\_\_\_

It will spend most of its time  Inside  Outside Sleep where? \_\_\_\_\_

Do you have an area to keep your foster animals away from your pet(s)?  Yes  No

If you are considering a dog: Do you have a yard?  Yes  No Fenced?  Yes  No

If your yard is not fenced, what type of confinement do you plan to provide for this dog?  
\_\_\_\_\_

Name of Veterinarian Clinic: \_\_\_\_\_

**I hereby certify that the information on this application is true:**

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

**\*\*\*THE ELLIS COUNTY SPCA RESERVES THE RIGHT TO REVIEW THIS FOSTER AT OUR DISCRETION\*\*\***

**OFFICE USE:**

\_\_\_\_\_

Origin of animal fostered:  Ennis  County  OTI  Shelter Transfer

**Type of animal fostered:** \_\_\_\_\_ **Date of initial foster care:** \_\_\_\_\_

**Reason for foster care:** \_\_\_\_\_

**Date animal to be returned:** \_\_\_\_\_ **Test/Vaccinations Due/Given:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_