



FOSTER CARE APPLICATION

Date: _____
Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Driver License # _____
Email Address: _____

Do you rent or own your home: _____ Homeowner's Phone Number: _____
Please list the other people in your household and their ages: _____

On average, how many hours per day are you not at home: _____
Have you ever surrendered an animal to a shelter or rescue? _____
If yes, why? _____
Do you have an area where foster animals can be kept separate from your pets? _____

Types of animal(s) you are willing to foster:

CATS

_____ Adults (needing TLC)
_____ Kittens (eating on their own)
_____ Kittens (being bottle fed)
_____ Pregnant/Nursing

DOGS

_____ Adults (needing TLC)
_____ Puppies (eating on their own)
_____ Puppies (being bottle fed)
_____ Pregnant/Nursing

Has anyone in your household ever nursed orphaned kitten/puppies? _____

Do you have any animals currently in your home? _____

Please list breed, age and sex _____

Are your animals spayed or neutered? _____ Yes _____ No

Are your animals current on vaccinations? _____ Yes _____ No

What Veterinarian/Clinic do you use? _____

Veterinarian/Clinic Phone # _____

Bring in or mail application to:

Niagara SPCA

2100 Lockport Rd.

Niagara Falls, NY 14304

716-731-4368

Attn: Jolee Dansa