



Thank you for your interest in the SPCA of Northern Nevada Foster Program. We appreciate your willingness to open your heart and home to the animals that need you the most.

Fostering saves lives!

Foster Parent Application

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Email: _____ Occupation: _____

Do you live in a (check one): House Apartment Condo

Do you (check one): Rent Own

If you rent or have other people living in the home, it is your responsibility to have prior approval to care for the foster(s).

Do you have homeowners insurance or renters insurance on your home? Yes No

Is someone home during the day? Yes No

If no, how long will the foster(s) be left alone? _____

Please describe the area where the foster(s) will be kept (kennel, spare room, ect): _____

While in your care, have you ever had an animal die due to an illness? Yes No

If yes, please explain: _____

Are there any pets in the home? Yes No

If so, how many (age(s)/ type(s): 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____ 7. _____

Are they spayed or neutered? Yes No

Are they up to date on their vaccines? Yes No

Do they get along with other animals? Yes No

Will you allow your pet(s) interact with the foster(s)? Yes No

Please note that we do require a 10 day quarantine of the fosters prior to having them interact with your personal animals.

Are you prepared to keep your foster(s) in a crate if necessary? Yes No

Will you follow all veterinarian instructions provided and administer all required medication(s) to your foster(s)? Yes No

Do you have reliable transportation to take your foster pet(s) to all required Veterinarian appointments? Yes No

Will you allow a SPCA representative to visit your home at any time? Yes No

Are there any children in the home? Yes No

If so, what are their ages? _____

Do you have previous foster experience? Yes No

If so, how long and what was your experience like: _____

Please mark the foster option(s) that best suits your interests as well as your abilities. If there is an "(up to)" next to an option you selected, please input an amount so that we may know your limit.

Canine:

- Bottle Fed Puppies
- Multiple puppies (up to _____)
- Pregnant Mom
- Mom w/ litters
- Special needs
- Pre-op/ Post-op Care
- Hospice

Feline:

- Bottle fed kittens
- Multiple kittens (up to _____)
- Pregnant Mom
- Mom w/ litters
- Special needs
- Pre-op/ Post-op Care
- Hospice

Foster durations can vary and can usually be anywhere from 1-9 weeks. How long are you able to commit to homing a foster or fosters? _____

There are times when we have fosters arrive that have been or may have been exposed illnesses such as Parvo or Ringworm. Would you be willing to help foster these little ones? Yes No

If so, would you be interested in learning about how to care for fosters who have or may have been exposed to Ringworm and or Parvo? Yes No

Please tell us why you want to become a foster parent?

I have read the questions above and certify that all the information I have provided is complete and true. I understand that any false information may void this application. I authorize the SPCA of Northern Nevada to verify the information provided. I also understand that the SPCA of Northern Nevada reserves the right to deny my application.

PRINTED NAME OF APPLICANT (Must be over 18)

SIGNATURE OF APPLICANT