



Chemung County Humane Society & SPCA  
2435 State Route 352  
Elmira, NY 14903

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Website: [www.chemungspca.org](http://www.chemungspca.org)

### Foster Care Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Do you: own? or rent? A House An Apartment A Mobile Home

If you rent, what is your landlord's name and telephone number?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other pets in the household. Include: Type, gender, age, spayed/neutered.  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the general area where the animal(s) you are fostering will be kept.  
\_\_\_\_\_

Is someone home during the day? \_\_\_\_\_ If no, how long will the pet be alone? \_\_\_\_\_

Do you have children, and what are their ages?  
\_\_\_\_\_

Have you ever fostered animals before? \_\_\_\_\_ From the Chemung County SPCA? \_\_\_\_\_

Are you willing to let the CCHS/SPCA visit the animal at your home? \_\_\_\_\_

***I am willing to foster the following (please check):***

- |   |   |
|---|---|
| <input type="checkbox"/> Cat with Kittens | <input type="checkbox"/> Dog with Puppies |
| <input type="checkbox"/> Kittens          | <input type="checkbox"/> Puppies          |
| <input type="checkbox"/> Sick Cat/Kittens | <input type="checkbox"/> Sick Dog/Puppies |
| <input type="checkbox"/> Adult Cat        | <input type="checkbox"/> Adult Dog        |

Are you willing to abide by all animal control laws with regard to your foster animals? \_\_\_\_\_

Are you willing/able to bring the animal back to the shelter from check-ups and medical care? \_\_\_\_\_

Are you willing/able to administer medications if required? \_\_\_\_\_

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**References:**

1. Name/Phone Number: \_\_\_\_\_

2. Name/Phone Number: \_\_\_\_\_

3. Name/Phone Number: \_\_\_\_\_

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As a foster parent, you will be required to keep your foster dog(s) on a leash or enclosed (within a fence or in a home) at all times.

Foster cats must be kept indoors at all times.

By initialing below, you acknowledge that you will abide by these provisions.

Initials: \_\_\_\_\_

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I understand that it is my responsibility to ensure that animals for which I provide foster care are kept safe and secure, and provided with requirements for their daily care and well-being.

I fully understand that this animal is in my care on a temporary basis only, and belongs to the CCHS/SPCA. I further acknowledge that the purpose of this foster care arrangement is solely to provide care for this animal, and that any decisions regarding the animal's health, treatment, or final disposition must be made or authorized by the Shelter Manager. I also agree that when the animal is ready to be made available for adoption, I will return it to the CCHS/SPCA. I further understand that there is a danger inherent in handling animals, and that I agree to hold harmless and indemnify CCHS/SPCA, from any injuries or loss sustained by me or others, which may be caused by the animal(s) I am fostering.

**By signing this document, I further attest that the information given is true and understand that giving false or incomplete information may result in my application being denied. I understand that this document will be retained by the SPCA.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_