



Hill Country SPCA Foster Application

2981 South Hwy. 16
Fredericksburg, TX 78624
Phone(830)990-9085 Fax(830)990-9080
Email: Info@hillcounterspca.com

Applications can be submitted in person, mailed to the shelter, faxed, or e-mailed.

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- ❖ Fill out application completely; no questions should be left blank
- ❖ Be 20 years of age or older *(If you live at home, we still need parents' approval)*
- ❖ Have photo identification showing your present address.
- ❖ Have the knowledge and consent of your landlord – Can be worked with if only looking to foster.
- ❖ May be required to provide proof of homeownership *(Deed, Mortgage, Property Tax are just some examples)*
- ❖ Live in the state of Texas
- ❖ Be able to keep the animal in your care for a set time period, and return the animal when requested.

Name: _____ Date: _____
 Spouse, Significant Other, or Co-Applicant Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Email address: _____
 (Please provide an email address as most foster communication is done by email)
 Home Phone: _____ Cell Phone: _____
 Place of Employment: _____ Work Phone: _____
 Drivers License Number: _____ State: _____ Date of Birth: _____

I am looking to...

- Foster Multiple times Foster once, a Specific Animal (Animal's Name: _____)

1. Why do you want to become a HCSCPA foster?: _____

2. How long will you be available to foster?(i.e.; Just the summer, a few months, until further notice)

3. How long are you looking to foster a particular animal?
 1-7 days 1-2 Weeks 2-3 Weeks 3-4 Weeks 1-2 Months 2-3 Months As long as needed
4. Have you fostered animals before? _____ If so, for whom? _____
5. Have you cared for sick or injured animals before? Yes No
 If yes, Please explain conditions/injuries you are familiar with:

6. What types of animals are you interested in fostering? Dogs Cats Both
7. What conditions are you willing to foster:
 Nursing Mom & Babies Seniors Sick(Non-contagious)/Injured
 Bottle Puppies/Kittens (0-3 weeks) Shy/Undersocialized Recovering from surgery
 Gruel Puppies/Kittens (3-5 weeks) New intakes with unknown history
 Puppies/Kittens not bottle fed (5-8 weeks) Ringworm Malnourished
 Dogs going through Heartworm treatment *(minimum 1 month foster time)* Animals needing training
 Long term animals needing a break *(average 1-7 days)*
8. Are you capable of giving medication to a foster animal? Yes No

9. Do you or your family anticipate any major lifestyle changes during the upcoming months(s)-years(s)?
 Retirement Extensive travel New baby Moving New job
 Promotion at work New Pets Schedule change Other: _____
10. Have you adopted from the HCSPCA before? _____ If so, When? _____
11. Have you applied with us before? _____ If so, when and what was the outcome? _____
12. What is the activity level of your household? Quiet Active Very Active
13. How many people live in your household? _____
14. Please list ages and relationships of the adults and children living in home (i.e. Grandmother, Child, Roommate. Please note if any have special mobility issues, like unsteady on feet, use a walker/crutches/cane, in a wheelchair, etc.)

15. Do you have children that will be visiting your home? _____ If so, how old? _____
16. Who will be the primary caretaker of this pet? _____
17. Is anyone in your house allergic to: Dogs Cats Dust/Dander If so, who? _____
18. How long ago did you last own an animal? _____ Currently Own
19. Do you currently live in a: House Apartment Condo Mobile Home RV Duplex
20. Do you: Own your home Rent from relative(s)
 Rent Live on property owned by relative(s)
 Live with relative(s) Other: _____
21. What is the landlord or relative's name: _____ Phone: _____
(If you are only looking to ONLY foster we do not have to contact your landlord, but if you decide you would like to adopt you will have to get your landlord's approval).
22. How long have you been at your current address: _____
23. How long will you, on average, be away from this pet daily: _____
24. Are you willing to have a home visit? Yes No
25. Do you have a fenced yard? Yes No
(All large breed dogs or puppies will require a fenced yard for adoption, no exceptions.)
26. What type of fence do you have:
 None Wood Privacy Chain Link Barbed Wire
 Perimeter fencing Cattle Panel Other: _____
27. About how much area does your fence enclose? _____
28. Please explain how you plan on exercising this dog. (What activities, for how long, how often) _____
29. Do you have a dog door? Yes No
30. How many pets do you own at the present time? Dogs _____ Cats _____

*Please do not list animals you do not personally own *

Name	Age	Breed	Spayed/ Neutered	Where Kept? (Ex. Inside, Outside, Garage, Yard)	How long have you owned him/her?

31. Where will this pet be kept during the day? _____
32. Where will this pet be kept at night? _____
33. Where will this pet sleep? _____
34. How long will this pet spend outside during the day? _____

35. When outdoors, will the pet be:
 Free to roam in unfenced area Free to roam in fenced yard
 Tied/chained in unfenced area Tied/chained in fenced yard
 Leashed in unfenced area (with owner present) Free to roam in unfenced area (with owner present)

36. Have you house trained a pet before? Yes No

37. How do you plan to house train and how long do you expect it to take? _____

38. What will you do if this pet scratches or chews on furniture, or displays destructive behavior? _____

39. Would you be willing to bring this pet in for weekly obedience training? Yes No

What type of behavior are you not prepared to tolerate or work with in a foster pet?

- Barking Biting Chewing Destructiveness Jumping Digging
 Too rough with Children Fleas/Ticks House training difficulty Other

40. Please list all dogs and cats that are no longer in your care, that you have owned, even temporarily, in the last five years.

Name	Age	Breed	Spayed/Neutered?	Alive/Deceased?	What Happened?	Last year in your possession?

41. If you have not had any animals in the last five years please explain why not? _____

42. Are you familiar with heartworm disease? Yes No

43. Are your animals current on Vaccinations? Yes No

44. Who are your current/past Veterinarians?(please list any/all you have used)

Veterinary Clinic: _____ Phone: _____ Years Used: _____

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45. Please list the first and last name your veterinary records will be under, if different from name on application:

46. Has your home or yard been exposed to Parvo in the last 5 years? _____ If So, When _____

47. Has your home or yard been exposed to ringworm or any other fungal infections in the last year? _____
 If So, When _____

Please list any additional information you would like to share with us: _____

**Please make sure all information provided on this application is accurate,
 as changes will not be accepted after submission.**

Hill Country SPCA Foster Care Agreement



Please read carefully and initial:

_____ I understand that being an approved foster does not guarantee approval as an adopter, if I am interested in adopting I will be required to fill out an adoption application, go through the adoption process, and pay the required adoption fee. No exceptions to requirements will be made for fosters wishing to adopt.

_____ I understand that fostering for the Hill Country SPCA does not offer any preferences when bringing in stray and/or injured animals into the shelter. I understand I must still abide by the Hill Country SPCAs policies regarding intake of any animals to the Hill Country SPCA.

_____ I fully understand that foster animal(s) are always the property of Hill Country SPCA. I agree to notify Hill Country SPCA immediately at (830)990-9085 as to any behavioral or health problems of the animal. Hill Country SPCA reserves the exclusive right to determine the proper course of action to take upon such notification. I agree to follow any instructions I am given for the foster animal(s) further care, including returning the animal(s) to the Hill Country SPCA.

_____ I agree that if an emergency occurs after Hill Country SPCAs normal business hours, I will contact Hill Country Veterinary Clinic (830)997-9576 for emergency treatment. Only if the Veterinarian on call at Hill Country Veterinary Clinic agrees that emergency treatment is necessary will Hill Country SPCA pay for such treatment.

_____ I agree to bring foster animal(s) in for their scheduled deworming/ Vaccination appointments, and adoption events Hill Country SPCA attends within the community.

_____ I understand that the Hill Country SPCA is not responsible for any property damage or injuries that may occur while the foster animal(s) are in my care.

_____ I understand the risks of fostering an animal(s) of unknown health and origin and temperament. I understand that the Hill Country SPCA cannot guarantee foster animals will integrate easily into my household and I may need to take special care and precautions when integrating animals. I understand that special training and accommodations may be necessary.

_____ Hill Country SPCA is held harmless should my own pets become ill from my foster animal(s). I further agree to be responsible for and pay for any veterinary expenses incurred for my own animal(s).

Please sign and date below.

I realize filling out this form does not guarantee approval, The Hill Country SPCA reserves the right to refuse adoption and/or fostering to anyone. No animals will be sent home to prospective fosters who mislead or fail to provide accurate information on the foster care application. A home visit or fence inspection may also be required before approval. I agree that all of the information I have provided herein is correct as written, and I authorize Hill Country SPCA to verify any information. I further agree that if approved I will attend a Foster Care orientation within 60 days of becoming a foster parent. I understand that Hill Country SPCA reserves the right to terminate the foster home, and remove the animal at any time.

Print Name

Date

Signature