



## FOSTER PARENT APPLICATION

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Are there children in the household? (Circle one) Yes / No Ages: \_\_\_\_\_

Do you have other pets? (Circle one) Yes / No How many: Cats? \_\_\_\_\_ Dogs? \_\_\_\_\_

Will this animal be kept inside? (Circle one) Yes / No Where? \_\_\_\_\_

If outside, explain type of shelter \_\_\_\_\_

Do you believe in spaying or neutering all pets? (Circle one) Yes / No If No, explain:  
\_\_\_\_\_

Who will be the primary caretaker? \_\_\_\_\_

Do you understand that this animal(s) may not be housebroken? (Circle one) Yes / No

That it may chew things or eat plants? (Circle one) Yes / No

That it will take a lot of patience to deal with this animal(s) during its readjustment period? (Circle one) Yes / No

### **PLEASE READ THE FOLLOWING:**

The animal that you choose to care for may be an abandoned or unwanted animal. It may be malnourished, scared, or have a social dysfunction. These animals need love and tenderness. They are trusting you with their lives. Corrections need to be gentle and kind. They may not perfect animals, but please help give them a healthy, happy start on life.

### **PLEASE READ AND SIGN THE FOLLOWING CONTRACT:**

1. I understand that as a Temporary Foster Parent, I am volunteering my time, food, medications, and love to care for animals that might otherwise die or be euthanized.
2. Any veterinary care required for the animal is to be provided by Northside Veterinary Clinic located at 10 Critter Court, Springfield, Ohio 45502. Veterinary care provided elsewhere will be done at the foster parent's expense.
3. I understand that this animal belongs to the CLARK COUNTY SPCA (CCSPCA) and is not for adoption at this time because they are too young, injured, etc. Puppies and kittens are usually ready for adoption at eight weeks of age.
4. I will return fostered animals to the CLARK COUNTY SPCA located at 21 Walter Street, Springfield, Ohio 45506 on or before my scheduled time.
5. At the time of return, I will provide any information regarding this animal that I feel would be helpful to others who might adopt these animals.



6. I agree that the CCSPCA is not liable for the animal's health, temperament, behavior, or any bites inflicted by the animal, or if the animal causes injury to any human or animal, or damage to property.
7. I agree to protect young animals from accidental harm by children.
8. I agree that the final disposition of this animal is SOLEY the decision of the CCSPCA, and should a permanent home/rescue become available, the CCSPCA reserves the right to pull this animal for such an opportunity.
9. I understand that should I decide that I would like to adopt this animal, the CCSPCA needs to be alerted immediately, and that the CCSPCA may have already found placement for this animal.
10. I agree to pay any and all adoption and licensing fees associated with this animal, should I decide to adopt.

I, \_\_\_\_\_, who resides at \_\_\_\_\_

and whose Driver's License Number is \_\_\_\_\_, hereby swear or affirm that I will follow ALL conditions and rules set forth in this Foster Parent agreement. I understand and agree that failure to follow the previously outlined rules and conditions will result in removal of the animal from my home, and revocation from the Foster Parent Program. I further agree to indemnify, hold harmless, release and forever discharge the Clark County SPCA, its officers, employees, agents, or assistants, either in their individual capacities or by reason of their relationship to the SPCA, or their successors, from any and all claims and demands whatsoever which I or my heirs, representatives, executors, administrators, or any other persons acting on behalf of myself, or on behalf of my estate, have or may have against the SPCA by any accident, illness or injury or other consequences arising or resulting directly or indirectly from my participation in Foster Parent Program.

**The undersigned have read the foregoing and fully understand it.  
CAUTION, READ COMPLETELY BEFORE SIGNING.**

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**FOR OFFICE USE ONLY**

This application is: (circle and initial) Approved / Denied \_\_\_\_\_