



FOSTER PROGRAM APPLICATION

Date: _____

NAME: _____

ADDRESS: _____

STREET CITY STATE ZIP

PHONE: _____ **EMAIL:** _____

Driver's License Number _____ (We will need copy of driver's license when picking up pet)

Note: MUST BE 18 YEARS OF AGE TO FOSTER, have permission from head of household if not yourself.

Which programs are you interested in? (please check the boxes)

Foster to Wellness

Itty Bitty Kitty

Shelter Dog HW Treatment (6 wks)

Weekend Pass

Adoption Ambassador

Moms and kittens

Size of dogs can you foster: Puppies _____ Small _____ Medium _____ Large _____

What is the maximum amount of time you would be comfortable with and able to foster?

_____ 1 - 2 weeks _____ 2- 4 weeks _____ 4 weeks +

Are all of your pets current on vaccines (rabies and distemper)? ___YES ___NO

Where will your foster pet(s) stay during the day and night?

Please list the pets you have _____

Do you own any pets with compromised immune systems ? ___YES ___NO

Are your pets spayed/neutered? ___YES ___NO

Do you own any pets that are dog or cat aggressive? ___YES ___NO

Do you rent or own your home? _____

Are you living in a _____ home _____ apartment/condo

Do you have reliable transportation and can come to the shelter for scheduled appointments or an emergency? YES NO

Do you understand that your pets may be at risk of contracting a disease from a foster pet, especially if not fully vaccinated and kept isolated for a period of 2 weeks? YES NO

Are you willing to foster animals with respiratory illnesses YES NO

Can you keep your foster pet isolated? YES NO

Do any children live in your home? YES NO

What are their ages? _____

Do you have previous foster experience? YES NO

Do you have any fostering limitation you would like us to know about?

Have you bottle fed orphaned puppies/kittens in the past? YES NO

Any other information we should know about your ability to be a good foster? _____

Do you have any questions you would like us to answer today before you leave with a foster pet?

By signing below, I am requesting permission to become an authorized representative of Greenville County Animal Care and the County of Greenville as a Foster Parent Volunteer. I also acknowledge that I have read the attached Foster Care Manual, and understand the responsibilities and procedures for caring for a foster animal. I agree to work in support of the mission and goals of the organization. Should I be accepted into the Foster Care Program, I will work harmoniously with GCAC, the County of Greenville, its employees and volunteers to help animals in a proactive, professional, and positive way. I also understand that GCAC cannot guarantee the health or temperament of a foster animal and hereby release, indemnify and hold GCAC and its employees and agents free and harmless from all liability to person or property arising out of any and all claims of loss or damage of every kind arising while fostering shelter animals.

Foster Parent Signature: _____

Date: _____