



## Foster Application Form

Please complete this application form if you are interested in fostering animals for the SPCA of Brevard.

### Name and Address

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### What type of animal do you wish to foster? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnant mothers - cats   | <input type="checkbox"/> Medical treatment dogs |
| <input type="checkbox"/> Pregnant mothers - dogs   | <input type="checkbox"/> Weaned kittens         |
| <input type="checkbox"/> Nursing mothers & kittens | <input type="checkbox"/> Weaned puppies         |
| <input type="checkbox"/> Nursing mothers & puppies | <input type="checkbox"/> Elderly cats           |
| <input type="checkbox"/> Bottle baby kittens       | <input type="checkbox"/> Elderly dogs           |
| <input type="checkbox"/> Medical treatment cats    | <input type="checkbox"/> Behavioral issue dogs  |

### Volunteering for Hours Programs (if applicable)

- Bright Futures
- Eastern Florida State College

Have you completed Volunteer Orientation? \_\_\_\_\_

### Foster Disclosure and Agreement

By agreeing to foster in partnership with SPCA of Brevard, I agree to the following:

#### Pet's Health and Disposition

SPCA of Brevard cannot guarantee the health or disposition of any foster animal. We do not have past records for these animals and there are some risks associated with taking in foster animals. Family pets should be current on all shots and foster pets should be kept isolated from family pets, for a minimum of 5 days for the protection of all animals. I agree to be fully responsible for the safety and well-being of the foster pet. I will provide a safe, loving, humane environment with adequate food water and shelter at all times. I will not declaw, crop ears, or crop tail of fostered pet. I will adhere to all state and local animal laws and all foster animals will wear a collar with identification. I will promptly notify the SPCA of Brevard of any signs of illness, behavioral issues or concerns, an inability to continue to foster, if the pet become lost, and/or if the pet bites someone.

\_\_\_\_\_  
Initials

**Transfer of Animals**

\_\_\_\_\_  
Initials

Animals cannot be transferred to the custody of another person, shelter, humane society, SPCA, or other entity without prior consent and permission of SPCA of Brevard. I agree to not place this pet in another home without the written or verbal authorization from the SPCA, whether it be temporary or permanent.

**Return of Animals**

\_\_\_\_\_  
Initials

All the pets in the SPCA of Brevard foster program are the property of SPCA of Brevard and must be returned within 24 hours of request. I agree that I am fostering this pet for SPCA of Brevard and that I do not have any right of ownership over my foster animal. I further agree that SPCA of Brevard rights in and to my foster pet are superior to mine.

**Personal or Property Damage and/or Injury**

I agree that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify, and protect SPCA of Brevard from any claim or suit filed by someone as a result of such incident.

\_\_\_\_\_  
Initials

In addition, SPCA of Brevard will not be responsible if animal should damage or destroy property belonging to Foster Caregiver, Foster Caregiver household, or others, or if the animal shall transfer any disease, internal or external parasites to other animals and people in Foster Caregivers household.

I understand that if I am approved for fostering, this declaration represents a legal contract between me as the foster home caregiver and SPCA of Brevard. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with SPCA of Brevard.

**Accuracy of Information**

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the SPCA of Brevard Foster Coordinator.

Sign your first and last name on the line below to indicate your acceptance and agreement to be bound by these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If student is under 18 and is fostering for Bright Futures or other school-related hours, a legal guardian must read and sign this agreement.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date