



The SPCA of Anne Arundel County Foster Application

Applicant's Name:	Age:	Phone Number:	E-mail Address:
Co-Applicant's Name:	Age:	Phone Number:	E-mail Address:
Applicant's relationship to co-applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Roommate <input type="checkbox"/> Significant Other <input type="checkbox"/> Other _____			
Street Address: _____			
City: _____ State: _____ Zip: _____ County: _____			
Please check the following: Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other: _____			
If you rent please list your landlord or complex name and phone number: Name: _____ Number: _____			
On average, how many hours will someone over the age of 18-years be home during the day? _____			
Applicant's Employer: _____ Work # (in case of an emergency): _____			
Please list all adults over 18-years who live in the household (not including the applicant/co-applicant) :			
Name:	Phone number or e-mail:	Relationship to applicant:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Please list all children under 18-years who live in the household or who will interact with the foster animal:			
Name:	Age:	Relationship to applicant:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Please list all the companion animals who live in the household or who will interact with the foster animal:

Name:	Species:	Breed:	Age:	Gender:	Spayed or Neutered:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you have cats, are they: Indoor Outdoor Indoor/Outdoor

If you have cats, have they tested negative for FIV and FeLv: Yes No Unsure

Do you have a room/area to keep your foster animal separated from your personal pets? Yes No

Current Veterinary Hospital:

Veterinary Hospital #:

Name records are listed under:

Briefly tell us about your previous animal experience: _____

Briefly tell us why you want to foster: _____

Are you able to bring foster animals to the SPCA for veterinary care a minimum of once every two weeks or in case of an emergency? Yes No

Have you ever fostered for any animal shelter or rescue group? Yes No

If yes please list the following:

Organization	When	Type of animal/Reason animal needed a foster:
_____	_____	_____

<p>Are you willing to foster a pregnant animal?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please check which kind:</p> <p><input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea Pigs</p> <p><input type="checkbox"/> Other _____</p>
<p>Are you willing to foster a nursing mother?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please check which kind:</p> <p><input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea Pigs</p> <p><input type="checkbox"/> Other _____</p>
<p>Are you willing to foster orphaned animals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please check which kind:</p> <p><input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other _____</p>
<p>Please check the age groups of orphaned animals you are able to foster:</p> <p><input type="checkbox"/> 0-2 weeks (bottle feeding every 1-2 hours) <input type="checkbox"/> 2-3 weeks (bottle feeding every 2-4 hours)</p> <p><input type="checkbox"/> 3-4 weeks (bottle feeding every 3-6 hours) <input type="checkbox"/> 4-8 weeks (do not usually need to be bottle fed)</p>	
<p>Are you willing to foster an animal needing medical treatment or recovering from surgery? (The SPCA covers all medical expenses for foster animals; You are just providing the care.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please check which kind:</p> <p><input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea Pigs</p> <p><input type="checkbox"/> Other _____</p>
<p>Are you willing to foster an animal needing Fospice care? (The Fospice Program places elderly or terminally ill animals in homes where they can live out the rest of their days)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please check which kind:</p> <p><input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea Pigs</p> <p><input type="checkbox"/> Other _____</p>
<p>Are you willing to foster an animal who has shown behavior problems due to stress in the shelter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please check which kind:</p> <p><input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Guinea Pigs</p> <p><input type="checkbox"/> Other _____</p> <p>(If you checked "yes" for dogs, please ask for information about our Canine Foster Enrichment Program!)</p>
<p>Are you willing to attend a 2-3 hour volunteer training to learn more about our facility and how to properly handle animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I/we give permission for The SPCA of Anne Arundel County, Inc. and/or the SPCA's authorized agents to verify the information, including the release of medical information pertaining to my pet(s) from the veterinarian(s) provided on the application. I/we certify that the aforementioned information is true and correct to the best of my/our knowledge.</p> <p>Signature of Applicant: _____ Date: _____</p> <p>Signature of Co-Applicant: _____ Date: _____</p>	

Please fax your completed application to **(410) 268-1139** or email to **foster@aacspca.org**
For more information call **(410) 268-4388 ext: 142**

SPCA of Anne Arundel County's Foster Enrichment Program (with Chesapeake Dog Training)

The SPCA of Anne Arundel County's Foster Enrichment Program places some of the more difficult-to-adopt dogs in temporary foster homes where the dogs can receive extra enrichment training. Many of these dogs are stressed in the shelter environment and improve quickly once in a home. This program not only helps to save a dog's life, but it is also a great way for YOU to learn about dog behavior and gain invaluable training experience!

Are you willing to foster a dog with potential or known behavioral issues? YES NO

Are you able to fulfill the following requirements:

- Have an approved SPCA of Anne Arundel County Foster application? YES NO
- You have completed a 1 1/2 hour classroom presentation on dog behavior, training, and safety techniques? YES NO
- Have you meet with the dog at the SPCA at least once and learn the training that the dog already knows? YES NO
- Are you willing to allow one of Chesapeake Dog Training's dog trainers to do a home visit with or without the dog to make sure there is a good set-up for the particular dog? YES NO
- Participate in a weekly training session at the SPCA or in-home (depending on the needs of the dog)? YES NO
- Do you agree to send weekly progress reports to Foster Coordinator and Dog Trainer. YES NO
- Do you agree to commit to a time period of 2 weeks to possibly as long 6 - 9 months depending on the needs of the dog? YES NO

If yes, please answer the following questions on the next page, giving as much detail as possible so we can find you the best match....

Please check the following options you would be willing to work with (or would like to learn to work with)

Dogs who have shown aggression toward humans

Dogs who have shown aggression toward other dogs

Dogs who have shown aggression toward other animals

Dogs who resource guard Dogs who are leash reactive Fearful Dogs

Have you ever worked with an aggressive dog or a dog with any of the behaviors listed above?

If yes, please describe your experience: _____

Have you ever taken a dog training class? Yes No

If yes, when and with whom? _____

Please describe the methods used and the behaviors taught: _____

What training equipment have you used before or would you feel comfortable using?

Martingale collar Easy walk harness Gentle leader Prong collar

Other: _____

On average, how many hours a day would the dog be left alone? _____

Are you willing to crate the dog when necessary and when you are not home? Yes No

Do you have a fenced in yard? Yes No

Please describe the type of fence:

If no fence, how do you plan to exercise this pet?

Are there children or other animals in your neighborhood that could often come in to contact with your foster dog? Yes No

Are you willing and able to prevent interaction with anyone and other animals who does not reside in your home? Yes No

