

The Maryland SPCA Foster Parent Application

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone : () _____

Cell Phone or Pager: () _____ Date of Birth _____

Email address: _____ **Driver's License Number** _____

I have _____ pets at home now.

Type/Breed	Gender	Age	Spay/Neutered?

Other pets _____ Describe _____

Are they current on vaccinations? Yes/No

If no, please explain: _____

Veterinarian's Name: _____ Phone number: _____

I am interested in fostering:

Cats

- Nursing cat and kittens
- Underage Kittens
- Injured or sick cats
- Legacy of Care

Dogs

- Underage Puppies
- Injured or sick Dogs
- Foster Camp
- Nursing dog and puppies

Do you have prior foster experience with the type of foster care you are willing to provide?

Yes No

If yes, please explain: _____

Are you willing to bring the animal(s) into the adoption center for periodic checkups and vaccinations? Yes No

Do you have an area to confine your foster pets? Yes No

If yes, please explain: _____

Do you _____ rent an apartment, _____ rent a house, _____ own a house or condo,

_____ live with parents

If you rent, what is your landlord's name: _____ # _____

Do you work Full Time _____ Part Time _____ How many hours _____

Do you work from home or are you able to bring the animals to work? Yes No

If yes, please explain: _____

Do you have children? Yes No If yes, what are their ages? _____

Are there any other members of the household? Yes No

Does anyone in the household have allergies? Yes No

If yes, explain _____

Are you willing to commit to fostering for the SPCA for 6 months minimum? Yes No

If no, please explain: _____

Please use this space for any other information or comments you may want to share with us:

Applicant's Signature _____

Date _____

Please send to:

Volunteer Manager
Katie Flory
3300 Falls Road
Baltimore, MD 21211
#410-235-8826 ext. 137
