



**FINGER LAKES SPCA  
of Central New York**

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# FOSTER CARE APPLICATION

Please print clearly

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Do you have a driver's license? \_\_\_\_\_

How did you hear of the FLSPCA's foster program? \_\_\_\_\_

Do you live in a: ☐ House ☐ Apartment ☐ Mobile Home

Do you live in the: ☐ City ☐ Suburbs ☐ Country

Do you: ☐ Own ☐ Rent

If renting, Landlords name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

*Please list all the pets you currently own:*

Name	Species	Age	Sex	S/N	List Current Vaccinations

What veterinary clinic do you use? \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ May we contact them? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_

At night? \_\_\_\_\_

Please explain how your care could benefit the animal: \_\_\_\_\_

\_\_\_\_\_

Have you adopted from us? If so, when and who? \_\_\_\_\_

Signature of Authorized Staff: \_\_\_\_\_ Date: \_\_\_\_\_

# FOSTER CARE AGREEMENT

## Animal Information:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

D.O.B.(estimate): \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ S/N: \_\_\_\_\_

If there is a litter, list each animal:

Animal's Name	Description	Sex

1. I hereby acknowledge receiving the above described animal(s).
2. I agree to foster said animal(s) for a period of time not to exceed \_\_\_\_\_ days.
3. I understand that the animal(s) shall remain the sole property of the ***Finger Lakes SPCA of CNY***.
4. I agree to return said animal(s) upon request, or at the expiration of the above time period, or if I am no longer able to care adequately for them.
5. I agree to provide the animal(s) with good and loving care, including, but not limited to food, water, shelter, and medication when required.
6. I understand and acknowledge that I do not have any right or authority to keep or place foster animals in other homes or with other individuals.
7. I agree to hold the ***Finger Lakes SPCA of CNY*** harmless from any direct or consequential damages arising out of this foster care agreement.

**Care Giver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name(please print): \_\_\_\_\_

**Signature of Authorized Staff:** \_\_\_\_\_