

**SPCA**  
**of Marion County, Inc.**  
**11100 SW 93<sup>rd</sup> Ct Rd, Ste 10-115**  
**Ocala, FL 34481-5188**  
**352-362-0985**

**Foster Application**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ID #: \_\_\_\_\_

A valid picture ID (driver's license, Florida ID card) is required.

Do you RENT or OWN your home, condo, or mobile home?

If you rent, please list the name of your apartment complex, mobile home park, condo association, or management office. We must obtain your landlord's approval before fostering can take place.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Most leases require some type of pet deposit or signed agreement before the pet can move into the residence. If your landlord has size or weight restrictions on pets, you must follow these guidelines.

Reason for fostering a pet: \_\_\_\_\_

Type of pet you are willing to foster:      Kitten\_\_\_\_ Adult cat\_\_\_\_ Senior cat\_\_\_\_  
Puppy\_\_\_\_ Adult dog\_\_\_\_ Senior dog\_\_\_\_  
Large dog\_\_\_\_ Small/Medium dog\_\_\_\_

Will your foster pet be kept outside?      Yes                      No

Do you have a fenced yard?                      Yes                      No

If No, are you willing and capable of walking the pet?      Yes                      No

Do you have pets in your home now?      Yes                      No

Please list names and ages of all pets at your residence. \_\_\_\_\_

\_\_\_\_\_

Name of veterinary clinic that administered the rabies vaccination(s) to your pet(s). We must confirm current rabies vaccination and licensing.

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Is everyone in your household aware of your intention to foster a pet?

Yes

No

Is anyone in your household allergic to pets?

Yes

No

Who will be primarily responsible for the care of your foster pet?

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If necessary, are you willing and able to give your foster pet medications? Yes No

If necessary, are you willing and able to housetrain your foster pet? Yes No

Have you ever received a citation from Animal Services, been convicted of cruelty to animals, or had an animal impounded by Animal Control? Yes No

While SPCA will pay for your foster pet's medical expenses, are you willing and able to bring your foster pet to the veterinary clinic designated by SPCA for all necessary veterinary exams and treatments? Yes No

Please provide two references. Only one may be a family member:

Name: Relationship: Telephone #:

**Conditions of foster care:**

**If you are unable to keep this pet, it must be returned to the SPCA.**

\_\_\_\_\_  
Initials

**The SPCA has the authority to contact you and check the pet within a reasonable amount of time after entering your household.**

\_\_\_\_\_  
Initials

**The SPCA may require a home visit before the foster application is approved.**

\_\_\_\_\_  
Initials

I certify that the information listed above is true and correct to the best of my knowledge.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

To be completed by SPCA:

APPROVED

DISAPPROVED

PENDING

Comments: