

Friends of Screven County Animals (FoSCA)

632 West Ogeechee Street, Sylvania GA 30467

Phone: 912.564.0005

Email completed application to Adoptions@FriendsOfScrevenCountyAnimals.org

Foster Application

Name: _____

Address: _____

Phone: _____ Email: _____

Over 21? Yes/No

Veterinarian's Name _____

Address _____ Phone: _____

Do you have any animals now? Yes/No If yes, are they spayed or neutered? Yes/No

Are they up to dates on shots? Yes/No Are they on monthly heartworm treatment? Yes/No

Do you have a fenced in yard? Yes/No

A home check may be required prior to you fostering. Is this ok? _____

Number of people in your Household: Adults? ____ Children/Ages? _____

If you have children in your household, are you willing to supervise any children around your foster dog at ALL times? _____

Does your current dogs/cats get along with other dogs? Yes _____ No ____ Unsure _____

Where will dog be kept at night? _____

Do you allow your dogs to run in an unfenced area? Yes ____ No _____

Please describe what type of dog do you feel would best fit your current lifestyle (i.e. laid back, energetic, quiet etc) _____

Please describe what kind of dog you would rather not foster (size in lbs, breed, age, temperament etc)

Are you willing to foster a dog with special medical needs? _____

What types of behavior challenges do you feel you are able to work with? (barking, chewing, housetraining, etc)

Please describe an formal or informal experience or training you've had working with animals:

Are you familiar with crate training? Yes _____ No _____

Do you have a crate available to use with your foster dog? Yes _____ No _____
What size? _____

Are you aware that a foster dog may jump, bark, chew or display other undesirable behavior while in your care? Yes _____ No _____

Have you ever taken an obedience class with a dog? Yes _____ No _____

Would you be willing to work with your foster dog in areas such as house training, sit, leash walking etc.? Yes _____ No _____

Describe any medical treatment or special care you have given dogs (trim nails, clean ears, administer medication, etc)

Have you ever fostered a dog before? Yes _____ No _____

Are you willing to provide transport for your foster dog to vet/grooming appointments?
Yes _____ No _____

Are you willing to make time to accompany your foster dog and provide transport from and to our Adoption Events? Yes _____ No _____

Do you have a car that can hold at least one mid-size crate? Yes _____ No _____

Please rate the following on a scale of 1 to 5. (1 = very much in favor, 5 = very much opposed):

Spaying/Neutering _____

Indoor Pets _____

Wildlife as pets _____

Dog/Cat shows _____

Guard Dog Training _____

Choke chains/pinch collars _____

Euthanasia _____

Ear cropping/tail docking _____

De-clawing of cats _____

Positive Dog Training _____

I acknowledge that all the information provided is true and correct and that I have answered all questions truthfully. Submission of application does not guarantee placement of a foster dog through FoSCA.

Foster Parent Signature

Date

Friends of Screven County Animals (FoSCA)

Foster Agreement

Please read and initial:

_____ I certify that my own animals are up to date on vaccinations and that my veterinary records may be requested.

_____ I agree to keep the foster animal(s) indoors, unless otherwise approved by a shelter employee.

_____ Should the animal become ill within my care, I agree to contact FoSCA and follow the instructions I am given for the foster animal's further care.

_____ If I have veterinary care performed on the foster animal without approval from shelter management I will be liable for those costs incurred.

_____ I agree to bring the animal in for their scheduled de-worming and vaccination appointments.

_____ I fully understand that foster animals are always the property of FoSCA. As such, I agree that any decisions made by FoSCA regarding their care and treatment will be followed by me, including their return.

_____ I agree to return the foster animal(s) as instructed. I agree to make an appointment in advance for the animals return.

_____ FoSCA is held harmless should my own pets become ill from my foster animal(s).

Printed Name

Date

Signature