

**Alaska Society
for the Prevention of Cruelty to Animals**

549 W. International Airport Rd., #B-2
Anchorage, Alaska 99518
(907) 562-2999
www.alaskaspc.org

Foster Home Application

Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How long have you lived at this address? _____ Rent or own? _____

Does the whole family agree to foster? _____ How many children at home? _____

Anyone in the home allergic to pets? _____ If so, what types? _____

What kind of pet would you like to foster: _____ More than one pet or litter at a time?

_____ Moms/puppies _____ Moms/kittens _____ Special Needs _____ Hospice

Tell us about your own pets at home now:

Pet's Name	Cat or Dog	Breed	Age	Spay/Neutered	Vaccinated	How long have you had it?

Have any one of your pets been diagnosed with a contagious illness (such as parvo, feline leukemia, ear mites, mange, or upper respiratory disease) in the last 12 months: _____ Please explain.

Tell us about your past pets: What kind, how long did you have them, and what happened to them?

Why do you want to foster an animal? _____

Where would you keep the animal? _____

How many hours a day would the animal be left alone? _____

Where would it stay when alone? _____

Do you have a safe, fenced area for a dog to exercise? _____

What are some possible reasons you might have to return a foster animal? _____

Do you agree to a home inspection at a mutually convenient time? _____

Are you willing to work closely with and take direction/instruction from a representative of the Alaska SPCA with regard to the foster animals' care? _____ .

Foster Home Signature

Date

Foster Home Name (Please Print)

Home Phone

Foster Home Signature

Work Phone

Foster Home Name (Please Print)

Cell Phone

Physical Address

Pager

Mailing Address, if different from above

Fax