

# T.E.A.R.S., Inc.

Together Every Animal Receives Support  
PO Box 471353  
Lake Monroe, FL 32747

## Foster Care Application

Kris Buchanan, President  
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We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals.

Last Name:		First Name:	
Address:			
City:	State:	County:	Zip:
Phone: Home:	Work:		Cell:
E-mail:			
Alternate contact not at your same address:		Name:	Phone:
Type(s) of animals you are interested in fostering (dogs, cats, puppies, kittens, or other):			
Have you fostered animals before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, what experience have you had with animals that would be helpful in fostering?			
Do you have any experience training and working with dogs with behavioral issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
Do you live in a: <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> condo <input type="checkbox"/> other			
Do you have permission to provide temporary housing for foster animals in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the height?		<input type="checkbox"/> Wood <input type="checkbox"/> Chain link	
Are there any children in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what are their ages?			
Do any members of your household have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be able to keep the foster animals separate from your own if necessary? (This usually applies to sick cats and puppies) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where do you plan to keep your foster animals?			
How many hours per day will your foster animals be without adult care?			

What will you do to find your foster animal if it becomes lost?	
What pets have you had in the past, if any?	
Where are they now?	
Do you have any pets now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type & how many?	
What are their ages?	
Are they spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are their vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If dog(s), what breed(s)?	
If cat(s), are they kept <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both	
If cat(s), are they declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about the foster program?	
It is mandatory that all foster animals be kept indoors and crated or confined when not under the direct supervision of foster parents. Dogs must be leashed whenever out of the house or in an unfenced area. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
Cats must always be transported in secure carriers and <b>NEVER</b> be allowed outdoors. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
Do you understand that anyone interested in adopting your foster animals (including yourself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the SCAS & TEARS staff? (of course, we welcome your referrals) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you understand that SCAS and TEARS will not be held liable for any veterinary or emergency care of any fostered animal or personal pet? Any foster animal that becomes ill must be returned promptly to be seen by our veterinarian. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If accepted as a foster family, you understand that you will be required to be a registered volunteer with SCAS and attend SCAS volunteer orientation, prior to having foster animals placed into your home. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I have answered the questions above truthfully and completely. I understand that although TEARS takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which TEARS has asked me to provide care. I indemnify and hold TEARS and SCAS free and harmless from all liability arising out of any and all claims, demands, losses, damages, actin, judgment of every kind and description which may occur to or be suffered by me, members of my household, any third parties and my property by reason of activities arising out of this agreement.	

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

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

**Return application to:**

T.E.A.R.S of Seminole County  
 Foster Care Program  
 PO Box 471353  
 Lake Monroe, FL 32747

For TEARS use only:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff initials:	
Date:		
Comments:		
Volunteer Coordinator Signature:		

Items on loan to foster home:
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The above items will be returned to TEARS upon completion of assignment.
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Signature:	Date:
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