



**VERA HOUSE FOSTER PET PROGRAM
FOSTER PET CARE PROVIDER APPLICATION**

HOUSEHOLD INFORMATION:

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Household composition:

<u>Name</u>	<u>Age</u>	<u>Relation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you live in a: House Apartment Complex Multiple Family Home

Do you live in a: Rural Area Suburban Area City Neighborhood

Do you have a fenced yard? Yes No

CURRENT PET INFORMATION:

Do you currently have pets of your own? Yes No

If yes:

<u>Name</u>	<u>Age</u>	<u>Type of Pet</u>	<u>Breed</u>	<u>Length of Time With You</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are your current pets up-to-date on vaccinations? Yes No

Do your current pets have any medical conditions/illnesses? If yes, please explain.

Current veterinarian: _____

Address: _____

Phone: _____

FOSTER PET PREFERENCES:

What type(s) and sizes of pet(s) are you interested in providing care for?

Do you prefer: Male pets Female pets Either

Are there any types of pets you do NOT wish to provide care for? _____

Is there any other information that we should have in order to process your application?

Please return this application to:

Vera House, Inc.
Attn: Chris Benton
6181 Thompson Road, Suite 100
Syracuse, New York 13206

Please call us at 315.425.0818 x248 or email cbenton@verahouse.org
with any questions you may have.

Revised May 2010



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FOSTER PET CARE PROVIDER AGREEMENT

I give Vera House permission to enter my name in the Foster Care Registry. My name and telephone number(s) will remain confidential and for internal use only.

I know that Vera House has no way of knowing when I may be called upon for assistance. Due to the nature of the situation, I know that Vera House receives phone calls 24-hours a day and may need to reach me outside of regular business and waking hours.

I give permission for Vera House to contact me at any time of the day.

I give permission for Vera House to contact me during the hours of:

_____ a.m. / p.m. and _____ a.m. / p.m.

If I am unreachable and receive a message from Vera House about an emergency foster care placement, I agree to call Vera House within two (2) hours from the time I receive the message to advise whether or not I can provide assistance.

Signature

Date



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FOSTER PET CARE PROVIDER GUIDELINES

Thank you for agreeing to be a foster pet parent! These requirements must be met in order for you to be able to care for the pets in need. The guidelines are to help the pets' stay be happier and less stressful for everyone involved. Your cooperation is appreciated.

We ask that you agree to:

1. Have a secure fence or agree to take pet out on a leash only.
2. Have a separate area for new animal. This is necessary in order to isolate the animal for the first 24 hours to assess any injuries.
3. Be familiar and know the closest route to the Emergency Animal Clinic at 2612 Erie Blvd. East – phone number 446-7933. Medical costs incurred for a pet in the Vera House Foster Pet Program will be covered by Vera House.
4. Have a veterinarian who is familiar with you and knows that you are involved with rescue work.
5. Put poisons away.
6. Put valuables in a secure place (we are not responsible for damage to house or household items).
7. If you have pets, they must be current on their vaccinations.
8. If you want to house dogs, you must have a leash and collar.
9. If you want to house cats, you must have a litter box.
10. Keep all foster cats indoors at all times.
11. Allow periodic visitation by the pet owner. Visitation will be arranged through a Vera House staff person and will take place at a neutral location.
12. Allow on-site inspection by Vera House staff person before and during foster care period.
13. Return pet to the owner at the end of the owner's stay at Vera House.
14. Agree to contact Vera House if you change your living situation or when you obtain new pets.
15. Agree to contact Vera House if you have any problems with or concerns about the foster pet.

Please remember rescue work is sporadic and your dedication is appreciated. There may be long periods of time you won't hear from us. You will continue to be on our Foster Home Network until you request removal. Please feel free to call us at 425-0818 or email cbenton@verahouse.org if you have any questions.

I agree to abide by all above guidelines. I understand that failure to abide by any of the above guidelines will result in the removal of my name from the Foster Pet Care Provider Registry.

Date

Foster Pet Provider

Vera House Staff