

Southern Brazoria County Animal Shelter

A Partnership with the City of
Clute, the City of Freeport, the City of Lake Jackson,
& the SPCA of Brazoria County
141 Canna Lane
Lake Jackson, Texas 77566
(979) 285-2340

FLIP OVER

FOSTER APPLICATION

Name:	Person ID:	Birthdate:	Age:	
Animal Name:	Intake #:			
Phone:	Alt. Phone:			
Address:				
City:	State:	Zip Cod	e:	
Email Address:				
Driver's License #:	s	State: Exp	ires:	
Best Time To Contact:				
Have you ever been accused	or convicted of animal abuse	e or neglect:		
Do you have the financial capa food, meds, litter, etc				
Other Household Members:	(if additional members, please ad	vise)		
Name:	Age:	Relation	ship:	
Name:	Age:	Relation	ship:	
Name:	Age:	Relation	ship:	
Are your household members	aware you would like to fost	er, and do they app	prove:	
PLEASE NOTE – you are ulti of your household will be tal				
Please list the current anima	ils in your household: (if ad	dditional, please advise	*)	
Name:	Species:	Gender:	S/N?	

Name:	Species:	Gender:	S/N?
Name:	Species:	Gender:	S/N?
Do you either own your own hom	e or have permission from t	he owner/landlord	to foster pets?
YES NO If you rent, do yo	ou have permission from you	ur landlord:	
How long are you willing to foster	at any one time:	Multiple anii	mals: YES NO
Have you ever given medication	to an animal before, if yes –	please describe:_	
Who is your current veterinarian?	?	City:	
If you currently have your own pe Are your animals spayed/Neutere			
which belongs to the SPCA of Bra BC/SBCAS). I understand that I do period unless I enter into a separa peacefully and voluntarily return the animal will be kept at the address entry to this premises at any time to adequate food, water, shelter, and local animal ordinances and follows.	ge Dogs	medical from the SPCA-BC/SBCA upon request, a representative of being kept humane at all times. I will acons from the SPCA-BC/SBCA one from the SPCA-BC/SBCA upon request.	f a homeless animal shelter (SPCA-e agreed-upon foster S. I agree that I will I agree that this the SPCA-BC/SBCAS by I agree to provide there to all state and BC/SBCAS. I agree
to notify the SPCA-BC/SBCAS of as soon as possible. I agree to not the time that I am in possession of the animal without the express per of fostering an animal with no clair for caring for the animal. I agree the do occur, and I agree to hold harm suit filed by anyone as a result of seresponsible for any damages cause to be available for potential adopted new, forever home. I agree the inferesult in the immediate removal of and there are no oral promises or changed in a writing signed by both	if any behavioral or medical ify the SPCA-BC/SPCA of are a foster animal. I will not allow mission of the SPCA-BC/SBC in, now or in the future, to any least accidental animal bites or alless and indemnify and protestuch an incident. I understance and the animal to the foster is to come visit this animal/s formation I have provided is considerable. This Agreeme representations made in additional in additio	issues of this animally change in my control wany other party to CAS. I am undertaking type of compensation other injuries to humous the SPCA-BC/SE that the SPCA-BC/s's person, property, for the sole purpose or the sole purpose or the the sole purpose or the sole pu	mal should they arise tact information during take possession of any the responsibilities on or reimbursement thans and other animals ICAS from any claim or SBCAS will not be or other pets. I agree to of finding them a falsified information will the ement of the parties,
Foster's Signature:	Date:	Shelf	ter Rep. Inls: