



# Foster Home Self-Checklist

Due to requirements set by the state of Colorado, before a foster pet can enter a home, we must perform an in-person inspection of the area the foster pet will be residing in. **Please review and complete the foster home checklist and correct any potential hazards in your space.**

## **Foster Care Provider Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email-address: \_\_\_\_\_

## **Check each box to verify that the requirement is met:**

- Storm doors are able to close
- Latches are functional on doors, windows, and dog/cat doors
- Other pets in the house are current on vaccinations
- Foster animals have a dedicated space not accessible to other animals (such as a bathroom or spare bedroom)
- Area is temperature-controlled
- No poisonous plants accessible to animals
- Have basic first aid supplies (like gauze, rubbing alcohol, etc.)
- Secure storage for pet food away from fosters and other pets
- Separate quarantine areas if fostering multiple unrelated animals/litters
- Home is kept clean and animal waste is removed frequently
- No evidence of small children in foster area (such as loose toys)
- Foster animals do not have access to cleaning supplies or other chemicals, such as rat poison or antifreeze
- Foster animals do not have access to human or animal medications
- Foster cats do not have access to electrical or window blind cords they may chew
- Foster animals do not have access to the inside of a trash can
- Foster animals do not have access to the inside of a washer or dryer

- If keeping foster animals in a bathroom, the toilet lid is kept down
- Resident pets are well-socialized, clean, and friendly toward people and other animals
- Resident pets are spayed/neutered and vaccinated

**Sign and return to Home Inspector:**

**I attest that my home meets all of the above requirements.**

**Foster Care Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**I attest that I have inspected the home and it meets all of the above requirements.**

**SCAS Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_**