



## Foster Program Application

Foster Parent's Information  
(Please print)

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at work? Yes No

What is the best time of day to contact you? \_\_\_\_\_

Do you have a vehicle for transportation of a foster pet? Yes No

**Please circle your answer to the questions below.**

### Residence

Type of Housing: House Townhouse Duplex Apartment Mobile Home

Do you: Own Rent Other \_\_\_\_\_

If you rent, are you allowed animals where you live? Yes No

If you rent, we need to verify your landlord's pet policy. Please provide your landlord's name and phone number:

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

Is your yard fenced? Yes No

If yes, what type of fence and how high? \_\_\_\_\_

Please list those in your household over the age of 18

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any children in your household?                      Yes      No  
 If yes, age(s)/gender(s) \_\_\_\_\_

Does anyone in your home have any known allergies?    Yes      No  
 If yes, please list: \_\_\_\_\_

Does everyone in your household agree with your decision to foster pets?  
 Yes    No

Do you have any objections to an in home visit prior to application approval?  
 Yes    No

**Pets**

Do you currently own any pets?    Yes      No

If yes, please indicate all pets, including small caged pets and barnyard animals.

Name of Pet	Breed or Best Guess	Age of Pet	Sex	Spayed or Neutered	Last Vaccinated	Licensed

Do any of your current household pets have any known health or behavioral problems?    Yes      No

If yes, please describe: \_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_

**Foster Care Pets**

What types of animals are you interested in fostering (please check all that apply)?

Cats:	No	Possibly	Definitely
Adult cats			
Mother cat & kitten			
Orphaned kittens (bottle fed)			
Orphaned kittens (not bottle fed)			
Illness (requiring medication)			
Injured			
Under socialized cats or kittens			

Dogs:	No	Possibly	Definitely
Adult dogs			
Mother dog and puppies			
Orphaned puppies (bottle fed)			
Orphaned puppies (not bottle fed)			
Illness (requiring medication)			
Injured			
Under socialized dogs or puppies			

Where will your foster animal be kept during the day? \_\_\_\_\_

How many hours per day will the foster animal be left alone? \_\_\_\_\_

For what length of time can you foster an animal? \_\_\_\_\_

Are you willing to administer medications as needed?    Yes    No

Do you have any training in dog obedience?    Yes    No

Do you have any animal care experience?    Yes    No

Have you ever fostered an animal before?    Yes    No

Have you ever cared for a sick or injured animal?    Yes    No

Are you capable of giving medication to a foster an animal if necessary?  
Yes    No

Past Fostering Experience: \_\_\_\_\_

Volunteer Experience (past or present): \_\_\_\_\_

**Please list two personal references we may contact:**

Personal reference #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your relationship: \_\_\_\_\_

Personal reference #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your relationship: \_\_\_\_\_

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 By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in losing the privilege of fostering an animal. I understand that the Stratford Perth Humane Society has the right to *not*

accept my request to foster an animal, and I authorize investigation of all statements in this application.

I also understand that a background check may be conducted before I can foster any animals.

I further understand that all animals fostered remain the property of the Stratford Perth Humane Society and must be returned to the centre at the end of the fostering period.

Any questions please call our Volunteer/Foster Coordinator at 519-273-6600 or email [info@sphumane.com](mailto:info@sphumane.com).

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Signature

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Date