

Foster Application Form



Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City, Postal Code

Phone: (H) _____ Phone: (C) _____

Email _____
SPHS uses email as our primary means of communication. Please use your most frequently accessed email address

Are you employed? Yes ___ No ___

Can you provide two (2) letters of reference? Yes (letters attached) ___ No ___

Foster Information

Can you commit to being a foster parent for at least six months? Yes ___ No ___

Have you fostered before? Yes ___ No ___ For which organization? _____

If yes, what types of animals did you foster? _____

Do you have any conditions that may affect your foster work? Yes ___ No ___

If yes, please explain _____

Do you have access to a vehicle: Yes ___ No ___

If no, how do you intend to transport the animal to and from the Centre and/ or after hours veterinary clinics in case of a medical emergency? _____

Your Home

Do you: Own ___ Rent ___

If you rent, does your landlord support your participation in the foster program?

Yes (landlord letter attached) ___

No ___

Do you have access to a yard? Yes ___ No ___

Does your home have stairs? Yes ___ No ___

How many members of your household? ___ How many are children (under 18)? ___

During what hours is someone in your household home? _____

Does everyone in your home support your participation in the foster program? Yes ___ No ___

Do you or any of your family members have any allergies to animals? Yes ___ No ___

If yes, please explain: _____

Do you or any of your family members have a fear of any animals? Yes ___ No ___

If yes, please explain: _____

Animal Experience

Have you ever owned a pet before? If so, what kind(s), please describe:

Were you the primary caregiver for your previous pets? Yes ___ No ___

How long did you own the pets? _____

Where was your animal housed? Indoors ___ Outdoors ___ Both ___

Where did you get your animal from? _____

Have you ever surrendered or given away animals? Yes ___ No ___

If yes, why? _____

Were your previous pet(s) spayed/ neutered? Yes (proof provided) ___ No ___

Who is your regular veterinarian? _____

Are the vaccinations/ licensing/ registrations for your pets up to date? Yes (proof provided) ___ No ___

What behavior(s) are you not able to accept from a pet? _____

What will you do if this type of behavior surfaces? _____

How will you let the pet know that they are doing something wrong? _____

Do you currently have pets in your home? Yes ___ No ___

If yes, please list number, ages, species and gender of pets

Foster Animal Needs

Do you have an area where the foster animal(s) can be isolated from your own pets? _____

What are you interested in fostering?

DOGS:

Mildly sick or injured animals in need of recuperation and recovery ___

Nursing Mom with a litter ___

Orphaned/ immature animals - please indicate maximum litter size ___

Bottle feeders? Yes ___ No ___

Animals in need of socialization _____

CATS:

Mildly sick or injured animals in need of recuperation and recovery ___

Nursing Mom with a litter ___

Orphaned/ immature animals - please indicate maximum litter size ___

Bottle feeders? Yes ___ No ___

Animals in need of socialization _____

OTHER:

Rabbits _____

Guinea Pigs _____

Birds _____

Reptiles _____

Are you comfortable administering medication (with instruction from veterinary staff) Yes ____ No ____

AWASCO Foster Volunteer Release Form

I certify that my answers are true and complete to the best of my knowledge.

I/We hereby agree to:

Accept a position of Foster Volunteer Worker for AWASCO (Hereinafter referred to as "the Society"), and in doing so, I/We agree to comply with all of the policies, rules and regulations which may be established from time to time by the Society, and I /We understand that failure to do so may result in immediate termination as a Foster Volunteer.

Ensure that if any of my foster animals become ill, I will notify the Society immediately. I understand that the pets remain the property of the Society and that under CVO (College of Veterinarians of Ontario) Guidelines I am not permitted to authorize medical treatment of the animals in my care.

Understand that the animals are, at all times, owned by the Society, and if the Society veterinarian determines that a foster animal is beyond treatment, the animals will be humanely euthanized. If the Society's veterinarian determines that a foster animal can be treated in the foster home, it may return to the home.

To return the animal to the Society when the foster period is complete.

Acknowledge that my/our services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the Society, all services to be performed by us at our own risk.

On behalf of myself and my family, our heirs, personal representatives and executors, We hereby release, discharge, indemnify and hold harmless the Society and its officers, directors, agents and employees from any and all claims, causes of action, or demands of any nature with our services for the Society, including but not limited to accidents, illness, injuries, or damage to my home/vehicle/pets or persons as a result of Foster Care, Pet Visitation, or my Volunteer Position.

I acknowledge that I cannot foster animals until all required forms, references and medical documents have been submitted and I have attended an orientation.

Foster Volunteer _____ Date _____

AWASCO 250 Riverbend Dr Kitchener ON N2B 2E9

Phone 519-745-5615 ext. 250 fax 519-745-3224 or email stephanie.schamber@awsco.ca

<p>For Office use only (Please Initial)</p> <p>Letter of Reference received ____ Landlord Letter received ____ Proof of Spay/Neuter/Vaccines ____</p> <p>Email Sent received app ____ Interview Booked ____ Date ____ Time ____</p>
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